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## Clinical Lectures.

### PAPILLOMA OF THE BLADDER IN THE FEMALE.

By C. D. PALMER, M.D.,

Professor of Gynecology and Obstetrics, Medical College of Ohio;  
Gynecologist to the Cincinnati Hospital.

THE Doctor had three cases of this malady under his care, and made this the subject of a clinical lecture at the Cincinnati Hospital.

Mrs. S., aged fifty, first presented herself, complaining that her urine was of a pinkish tint, or, as she supposed, was bloody. Cancer of the uterus was first suspected, but examination of this organ showed it in a healthy condition. Pressure exerted per vaginam showed the base of the bladder rather tender, but not more so than is frequently found in irritable conditions of this organ. Micturition was frequent, but not painful. The urine was slightly acid, contained much mucus and was somewhat albuminous. The microscope showed numerous blood corpuscles, but no tube casts. The evidence in the case pointed to the bladder as the seat of the hæmaturia. The blood in the urine steadily increased, in spite of ergot, iron and gallic acid. The urine, after standing a few hours, deposited great quantities of thick, ropy mucus. The irritability of the bladder became more and more annoying. A growth was finally made out, which seemed to be on the anterior wall of the bladder, as the posterior wall moved freely over it. The size of the tumor was estimated to be that of a half section of an ordinary-sized hickory nut. The urethra was

gradually distended with my uterine dilator, until it would permit of the introduction of the smallest finger of the left hand, and afterwards the index finger of the same hand could be introduced into the bladder. The exact location of the growth was easily made out and its growth found to be soft and friable. With the finger nail, as a curette, it was forcibly and thoroughly removed from the basement mucous membrane. The bladder was then washed out with warm water, clearing it of the blood and broken-down tissue. Microscopical examination of the broken-down tissue proved it to be papilloma.

Incontinence of urine continued for some twenty-four hours, during which time the urine was freely mixed with blood, blood clots and broken-down morbid tissue. Thereafter, the frequent micturition, the bloody urine and mucous urine rapidly abated. The general health improved very much. She was given Chian turpentine gr. 2-3 in an emulsion, and to this, so far at least as the catarrhal state of the bladder was concerned, was due much of the improvement.

Unfortunately, the relief obtained proved not to be permanent. The symptoms all gradually returned, and in less than one year were as bad as ever before. The general health also began to suffer, though it was not so much impaired as formerly. Palpation of the bladder through the vagina could detect no distinct tumor, though its posterior wall was thickened and indurated. The sound within the bladder revealed no special projections upon the walls, though manipulations with it were quite painful and excited considerable hemorrhage. On inspection through the meatus and through the lower urethra, now quite di-

lated, a highly congested and rugous condition of the mucous membranes were apparent. I now determined to repeat the operative interference, but to adopt another method.

About one year after the first operation, the patient under the anesthetic, I made an opening with a knife, guided by a sound, through the base of the bladder, in the median line, enlarged the same with the scissors. The opening was made sufficiently large to admit the index finger and to admit of free exploration of the cavity of the bladder. The former site of the tumor was smooth and seemingly as healthy as any portion of the bladder to the touch. Throughout, except posteriorly, the mucous membrane was smooth, soft and velvet-like. But upon the posterior wall, around the line of incision and anterior to this line, running forward into the urethra, numerous, slight, soft, friable projections were felt. All of these were broken down and thoroughly scraped with the finger nail. A uterine curette, with the edge somewhat sharp, was then introduced into the bladder through the urethra, and, guided in its movements by the fingers of the opposite hands through the artificial opening in the bladder, I freely scraped in all directions the basement structures of all these growths. Only moderate hemorrhage followed. The bladder was washed out with the tube through the urethra with a large quantity of hot water.

No attempt was made to close the artificial opening. No pain ensued, though there was considerable febrile reaction the first twenty-four hours. The bladder was washed out with hot boric acid water once daily for one week. The greater portion of the urine has drained per vaginam. Micturition per urethram was performed at irregular intervals and was free from pain. The urine gradually showed less and less of theropy characteristics, the mucous appearance and the admixture of blood almost disappeared. The patient got up and was about the house, being, but for the dribbling of the urine, perfectly comfortable. The fistula was purposely left open and the bladder thus allowed to drain away its urine and be at perfect rest. This condition remained, the urine passing largely per vaginam, till two years after the second operation, when the patient died from an extension of the disease, involving the entire bladder.

The second patient is a young colored domestic, aged seventeen, who came into the hospital about four weeks ago, complaining of frequent micturition, incontinence of urine, amenorrhœa, and some elevation of the temperature, and increased frequency of the pulse. The urethra and bladder were very sensitive, and great pain was complained of on the introduction of the catheter. The urine contained mucus contaminated with blood. The patient was placed on the following treatment: *acidi boracici*, dr. j., *tr. hyosciami*, oz. ss., *infus. buchu*, oz. iss. M. S. One teaspoonful every three hours. A few days later, conjoined manipulation discovered a tumor about the size of an almond, situated on the posterior vesical wall. The bladder was ordered washed out every other day with a hot saturated solution of boric acid, and the above prescription was continued. The patient improved rapidly, and was able to leave the

hospital about a month after her admission, the tumor having entirely disappeared. Had the tumor not yielded so promptly to treatment, I would have scraped it out.

I had two other cases of this trouble under my care: one a lady from Kentucky, the other from this city. Both were placed on the same treatment given the second case here related, and both made a good recovery.

We have three important points brought out by these cases: The diagnosis of papillomatous growths of the bladder early in their history. The frequency and pathological significance of papilloma of the bladder. The best method of dealing with them. In diagnosing this trouble, we should remember that papilloma of the bladder always causes, even in its very early development, some hemorrhage. The differential diagnosis between renal and vesical hemorrhage is not always easy. When the growth or growths are too small to be made out by physical examination, the evidence must rest upon the seat of localization of pain, etc., the pressure of vesical tenesmus, much mucus in the urine, the bright red color of the urine, and the comparatively small amount of urine and the absence of tube casts. The microscope will aid when the villous formations break down.

Papillomas of the bladder are, without doubt, more frequent than is generally supposed. In the region of the bladder, these tumors take on a soft variety, which, if situated externally and at some accessible point, possess but little pathological significance. They do not have a tendency to glandular affection or dissemination, and the infiltration of the adjacent mucous membrane and submucous tissue is probably inflammatory. On the part of the bladder, hemorrhage is the first, the chief, and the most constant symptom and result. It is the hemorrhage which, in the interior parts, gives to these growths their most important pathological significance. Complete removal is not always easy, and, if not done, recurrence is sure. The possibility of an epithelioma developing from a papilloma must not be forgotten. Reliable authorities say there is no relief for this affection; that it will destroy life in two years. It is doubtful whether this view is strictly correct. In the majority of cases, it is unquestionably true; but some, there is reason to believe, are curable. These growths are, when in their anatomical and microscopical features, innocent; but, on account of their location, their inaccessibility, the serious and persistent hemorrhages which they create, their strong tendency to return through imperfect or incomplete removal, and, finally, the possibility of a degeneration into epithelioma, they are, in a general sense, malignant.

If dealt with surgically, shall they be attacked through the urethra, or shall vaginal cystotomy be performed? The necessary amount of dilatation of the urethra is easily accomplished, but is apt to unduly stretch the urethral and cystic muscular fibres, and to lacerate some of their tissues or the surrounding parts. The urethra and bladder have been torn from their surrounding attachments by



forcible dilatation. Not only temporary, but permanent, incontinence of urine has followed these manipulations—results which time, medicine and surgery have failed to remedy. The alleged advantages of this method of operation for the removal of morbid growths and foreign bodies of any considerable size from the bladder do not compensate for the disadvantages. The operation of vaginal cystotomy is easy of execution, and, if properly done, a safe procedure. It admits of a thorough exploration of the bladder and its contents, and affords ample opportunity for surgical procedures. As such, it should largely supersede explorative and manipulative procedures through the urethra. In cystotomy we should be careful not to cut too low down into the neck of the bladder, or too high up around the cervix uteri, or too far on either side, wounding the ureters. The endoscope is a failure as a means of diagnosis, though theoretically it would seem of value. The finger is too short for use through the urethra. One-half of it is consumed by this organ, and the other half could reach only an inch or an inch and a half into the bladder. The urethra and the neck of the bladder so constrict on the finger as to quickly benumb it, and to curtail its power as an instrument for operation.

#### PARAPLEGIA.<sup>1</sup>

BY F. H. DERCUM, M.D.

ON Christmas day, 1887, this man suffered with severe pains extending from his shoulders down to his arms. A few days after, the muscles of the thighs became weak and finally completely palsied. The same condition existed in his arms, but not so well marked. Sensation was impaired and finally lost absolutely. The peculiarity about this case is, that the anesthesia is distinctly limited by a fine line extending around the body about the nipples. He soon commenced to have paralysis of the sphincters of the bladder and rectum, and a deep bed-sore over the sacrum. A little below the sensory line, around the nipples, there were intense girdle pains. The fact that we had a palsy that came on rapidly and spread so much, suggested an aberrant form of Landry's palsy; but this man's trouble began in the thighs and spread to the foot, while Landry's is an ascending type, rarely accompanied by bed-sores. He had a remarkable condition of the reflexes and persistent clonus. A new group of symptoms was found, for, by pressing suddenly on the top of the head, he flinched and complained of pain in the upper dorsal region. Rotation of the trunk, as well as flexion, caused pain in the same region. Percussion over the third to the fifth dorsal spines caused pain. In the fall of 1888, we removed the spinous processes and arches of the five upper dorsal vertebrae and opened the dura mater for four or five inches. The dura was a little more resistant to the touch than I thought it should be. Numerous fine bands of adhesions between the dura and pia mater were broken up. No tumor was found, but everything pointed to a meningitis with adhesions. The wound was closed and the man was

in profound shock. I have since thought that the best way to meet shock is to place the patient on a hot water bed.

This man was placed in bed, and he recovered from the operation; and the very next day felt some sensations in the toes, and on the fourth day could move the toes slightly. Since that time there has been a return of motion and sensation, and the line about the nipples has disappeared. His bed-sore healed, and in a few weeks after the operation he regained control over his bladder and rectum. Just what the operation accomplished is difficult to say; but the removal of the spines and the breaking of the adhesions evidently relieved a certain amount of pressure. The girdle pains persisted for a long time after the operation, but disappeared. At first, his improvement was rapid; but the regain of muscular power was more gradual. As he walks, he drags his right leg a little. His reflexes are somewhat exaggerated. His ankle clonus is feeble to what it was, and is most marked on the right side. He denied all syphilitic infection, but was given specific treatment before the operation, without any result.

The next case is one in which there is deformity of the spinal column, with paraplegia, the result of a fall. This man illustrates a class of cases that, if seen early enough, could be benefitted to a marked degree. This man fell eight or ten feet and struck on his head, back and side. He recovered, but did not notice any ill effect until six months later, when he noticed a lump in the upper dorsal region, with pains on attempting to turn, and some weakness in walking. The intervertebral cartilages, under a sudden jar, become inflamed, and the inflammation gradually extends to the bone itself, and softens it, and thus causes an antero-posterior curvature of the spine. The spinal canal is larger than the cord, and can be encroached on without affecting the cord; but, where it goes beyond a certain point, the effect is marked. Pressure, in this class of cases, comes on the anterior part of the cord first, and causes motor symptoms. Later, there is an interference with the posterior sensory columns. In this man the weakness of the legs was extreme; but there was no marked blunting of sensation. Tubercular and specific diseases were eliminated from this case. Persons who have syphilis always have trouble with the vertebral cartilages when they receive slight jars to the spinal column. Bad as this man's trouble was, he has improved under treatment. This man has been carefully suspended by his head and shoulders, by the apparatus used by S. Weir Mitchell, and a plaster jacket applied. He also received tonic treatment. The man can now walk much better than he did, and, if you make allowance for the loss of flesh, the tumor over his vertebra has diminished. If he had applied for treatment early, local trouble would have been detected, and treated in the proper manner to prevent this result. This is a case of actual trauma of the spinal column with secondary involvement.

I will now show you the case of a man who fell fifteen feet, striking on his buttock, followed by shock and paraplegia, without any local injury to

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I will now show you the case of a man who fell fifteen feet, striking on his buttock, followed by shock and paraplegia, without any local injury to

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the column. Concussion of the spinal cord has been denied by some authorities. Dr. Hunt had a case in which a boy was shot in the back. The ball was found lodged in the spine and was removed. The spinal canal was not penetrated; but the boy suffered from sudden concussion or molecular disturbance of the cord. Another case is cited, in which a man fell from a great height and fractured both calcaneas. This was followed by paraplegia due to the concussion. Both of these cases recovered. I think that the man before us had spinal concussion. He has not recovered much; but he can now flex his thighs slightly on his abdomen, but has no control over his feet. The return of function in this case is limited, and there is a more chronic trouble, called concussion myelitis. In simple concussion there is a molecular change; but in others the jar is sufficient to rupture a few capillaries. These cases have an important aspect medico-legally; for some hold that the spinal cord cannot be injured, unless there is injury to the spinal column itself. This man has had blebs or blisters over his toes, ankles, and feet. There is marked wasting of the muscles. It is well to practice suspension in this case, beginning with two or three minutes, and increased every other day. Whether counter-irritation has done any good is problematical. Blisters and hot irons add to the shock, and should be avoided. Tonics and good diet. If we find that this trouble persists, we will give something that will stimulate the cord to a high physiological degree.

I wish to cite a case I had four years ago. A man fell down stairs and was paralyzed in both arms and legs, due to concussion. There was absolute loss of motion and impaired sensation below the dorsal region. Absolute rest in bed and tonic treatment were all that was used, and in a few weeks he totally recovered.

## Original Articles.

### THE LEGAL RELATIONS OF IMBECILITY AND OF SUICIDAL AND HOMICIDAL MANIA.

BY EDWARD C. MANN, M.D., F.S.S. (LOND.),

BROOKLYN, N. Y.

President, New York Academy of Anthropology; Gold Medallist, Society Science, Letters, and Art of London; Member, Medical Society of the County of New York, etc.

#### LEGAL RELATIONS OF IMBECILES.

**I**N determining the civil and criminal responsibilities of the imbecile, several points must be borne in mind. With regard to their moral sense, this class have no clear definite ideas of right, justice, or law. They cannot feel for the sufferings of others. They see only in the most imperfect manner the consequences of their acts. They gratify every appetite or desire, regardless of consequences. Their appetites and passions are not restrained by the higher faculties of the mind, which are deprived, by disease or bad development, of their power to restrain or guide. Theft is very common with them. They have not the mental competence necessary to make them legally criminal, and it does no good to punish

them in this way, as they re-commence their offences the moment they are released from confinement, and thus are thought to be simply wicked. Those who have strong sexual propensities, if men, soon become guilty of outrages on women, and are imprisoned, as they are judicially decided to be rational beings. There are many imbeciles who daily engage in occupations that require no great extent of mind, and who, perhaps, are merely thought singular by their friends. With respect to their civil responsibilities, if there exists an inability of comprehending the value of money, the person is evidently not capable of managing property. Ray, very properly, says, that the real capacity of an imbecile's mind is to be estimated, not from any single trait, but by a careful appreciation of all its powers, and especially in their relation to the particular act in question. Relative to marriage, the person should be proved to have had a rational idea of the marriage contract, and of the duties and relations incident to the marriage life. Respecting a business contract, the question would be, had the person an adequate idea of the money involved in the transaction? Was he independent and executive, or was he credulous and submissive to his friends, regardless of what happened? It is no test of capacity that a person, of either sex, has behaved fairly well in company, especially when they have moved in cultured circles. This, by constant repetition, has become automatic. Can the alleged imbecile form a judgment respecting any new object? How is his memory? Is he subject to gusts of passion? Is he unfitted for all matters that require more than a mechanical mode of action? Is he aware of his weakness, and of the intellectual superiority of others? Can he seize an idea so clearly as to impress it on his mind? Is he irritable and suspicious? Has he a clouded state of the understanding and memory? Is he capable of judging and deciding, when it is necessary to weigh opposing motives? Can he express a complex idea? Can he appreciate the circumstances that distinguish particular cases, and appreciate them according to their just value? The lawyer and jurist should carefully weigh these points when the civil responsibilities of alleged imbeciles are in question.

Respecting the *will* of a weak-minded person, if the person in question was capable of understanding its nature and effect, the instrument should be established, and *vice versa*. The question of interference or improper influence should, of course, be carefully scrutinized. (See "Swinburne on Wills," part II, section 4, and 1 Story, Commentaries on Equity, 238.)

Ray says, when the mental deficiency has not been sufficient to provoke interdiction, it very properly constitutes no legal impediment to marriage; but on proof of fraud or circumvention, the marriage has been pronounced by the courts null and void. (Portsmouth *vs.* Portsmouth, 1 Haggard, 355; Miss Bagster's case ante, section 85.) The last imbecility case in New York that greatly attracted public attention, was that of Miss —, who was deaf and dumb, and suffered from the first degree of imbecility, whose relatives sought for a decree of nullity of marriage which she secretly contracted. That this young lady



was considerably below the average, in point of intellect, cannot be doubted, as the evidence to that effect was remarkably strong and copious. She had very few ideas on any subject. Her intellect, evidently, was not strong enough to restrain or direct any tendencies of her nature. She could not reply to questions relating to any but the most commonplace subjects, even in the deaf and dumb language, and through a skilled interpreter in the sign language. She was not acquainted with arithmetic, and was, therefore, incapable of taking care of her property. She had no judgment and reasoning power as to the marriage contract and relation. The marriage contract is a very simple one, and it does not require a very high degree of intelligence to understand it. Miss —, in our opinion, did not have either such a degree of mental capacity as to enable her to have a comprehension of the words of promises exchanged, or a real appreciation of the engagement entered into; neither could she understand the nature and value of property, and its management. She deserved the protection of the court, and had it. The sheriff's jury, and commissioners before whom the case was tried, saw at once that Miss — was incapable of comprehending the nature of the marriage ceremony and contract, and also of managing her own property; and the case was brought to a speedy termination by the graceful withdrawal of the counsel for the husband, upon our opinion, expressed after a personal examination, that the husband had no case, and that real incapacity existed, which should render such a marriage null and void. The jury returned a verdict of unsoundness of mind. In every such case the practical questions are: 1. Whether there are or are not such peculiarities in the conduct of the person under inquisition as are known to be characteristic of imbeciles. 2. Whether there is incompetency to manage property. 3. Whether the person, at the time of the marriage, is capable of understanding the nature of the marriage contract. The fact of a person being deaf and dumb certainly does not raise a presumption of mental unsoundness, and any of the deaf and dumb can legally contract marriage, when it can be shown that they understand the meaning of the contract.

#### LEGAL RELATIONS OF SUICIDAL AND HOMICIDAL MANIA.

*Introductory.*—Although of course occurring in both sexes, the majority of cases of homicidal mania, in our experience, have been among women, and as the result of grief, anxiety, from uterine disease, at the menstrual period, at the climacteric period, and after delivery—especially the last, when complicated with seduction and desertion. Women, at these times, are in a peculiar nervous state, not unfrequently, I am led to believe, accompanied by impulses to crime, and we do not consider them responsible for overt acts committed at such times, especially when the overt act is antagonistic to the whole previous character of the woman. The existence of homicidal insanity ought never to be admitted without the proof of other symptoms of mental disease than the perverted instinct itself; or, at least,

without the existence of well-recognized or efficient causes of mental disease, and an obvious change in temper and disposition consequent thereupon.

*Suicidal Mania.*—This generally accompanies a condition of melancholia, and we would strongly maintain the necessary dependence of suicide on insanity. The unhappy patients reason and struggle against the fatal propensity, but in vain. The desire to die by one's own act appears to be the one mental symptom, and to present the most undoubted instance of disease affecting only one function. The majority of these cases are hereditary.

*Cases Illustrating the Legal Consequence of Suicide.*—Suicide may not invalidate a will by raising an inference of previous derangement. (*Burrows vs. Burrows*, 1 Haggard, 109; *Brooks and others vs. Barret and others*, 7 Pickering, 94; 2 Harrington, 583, and 2 Curteis, 415.)

Chief Justice Parker, of Massachusetts, held that suicide committed fifteen days after the date of a person's will, was not sufficient, in the absence of other evidence, to prove him insane, and thus invalidate the will. With the relation of suicide to life insurance, in the case of *Borrodaile vs. Hunter* (5 Man. and Gr. 639), the court charged that, if the deceased threw himself into the river knowing that he should destroy himself, and intending to do so, then the policy would be void; but if he did not know right from wrong when the act was committed, then the policy would not be void. The jury found both that he intended to destroy himself and that he did not know right from wrong. Judgment was entered for the office, and confirmed. In case of *Cliff vs. Schwabt*, 3 Man. and Gr. 437, the jury gave a verdict for the plaintiff, thereby deciding that a policy was not necessarily vitiated by suicide. On appeal, this judgment was reversed. Taylor, Medical Jurisprudence, p. 650, 5th Am. edition, says truly, that the term "suicide" in insurance policies applies, as it ought to do, only to cases in which there is no evidence of insanity. This cannot be too strongly insisted on as proper law. In the case of *Breasted vs. Farmers' Loan Co.* (Wharton and Stillé on Mental Unsoundness, p. 172), the New York Court of Appeals decided, in a case of this kind—where the evidence showed that the person "was of unsound mind, and wholly unconscious of the acts"—that the insurers were responsible. Although in Wisconsin and Pennsylvania the most recent judicial opinions have been that attempted suicide raises no presumption of insanity, and while such ruling is sure to be advocated by these insurance companies—by whose rules the policy is made void by the act of suicide—the proper rule is that laid down by the New York Court of Appeals in the case above mentioned. A safe rule is this: Where the propensity to suicide is connected with an obviously melancholy disposition, it should be regarded as indicative of mental disease.

We must not lose sight of the fact, however, that while pursuing ordinary employments and avocations, and manifesting very little, if any, depression, a person may have impulses to suicide, which they brood over, until some moral shock of domestic grief or of business reverses deprives the unhappy person of all

power of resistance, and the meditated suicide is perpetrated. We must remember, too, that very often the patient who is prevented from committing suicide, after recovery has no recollection, or, at most, but a faint and shadowy one, of the fact itself, and believes it on the testimony of others. Some cases I have attended have expressed a regret that they did not accomplish the act, and declared their intention of accomplishing it whenever the opportunity should offer. Two cases within my knowledge did this very thing, being improperly guarded by their friends. I have in mind a case which has been under my medical observation for several years. This case would undoubtedly be taken by any insurance company as a fairly good risk, and I doubt whether, in case suicide was committed, a jury would not bring in a verdict of sanity. I, however, know the reverse to be true. I know that for years, although never expressing such ideas in society, that this person has labored under constant depression and melancholy, has to her husband conjured up the darkest prospects, and has constantly predicted everything of a gloomy nature. Her melancholy mood will alternate with periods of comparative cheerfulness, and society has never, I think, suspected unsoundness of mind. Yet this person has twice attempted suicide, and each time the writer was called upon to attend the case, and the person was restored. This case I regard as a sort of monomania. The nervous system is weak, there are cases of insanity in the family, insomnia is very frequent, and the patient is listless and more or less depressed most of the time. I would not regard her as responsible for any overt act she might commit, and have expressed fears respecting her future. Yet, it would be considered a great cruelty to consign this case to an asylum, nor would the husband permit it, although he appreciates fully the nature of the case. To society at large, an overt act would be the first symptom of mental derangement in this case they had noticed.

Such a case shows clearly that we cannot accept the verdict or opinion of any person's sanity or the reverse, coming from persons who only meet each other in a society way. We must search the family history and the past history, from youth up, of the individual, and take the testimony of those who have occupied the closest relations to the accused. The testimony of an old family physician, who has known all branches of the family, is of immense importance, sometimes, and of much greater value, at times, than a casual examination of one who has never seen the patient before, even though the former may know little about mental medicine. No expert in mental and nervous diseases, of any age or experience in medico-legal trials, will either deprecate or undervalue the importance of the services which the general practitioner of medicine, or family physician, is frequently able to render to justice in trials where insanity is alleged as a defense, or will decline to serve on a case with him. On the contrary, he will respect his opinions as those of a man who has had the closest relations with the family, and who, perhaps, has known the person on trial from childhood, and who also knows, very likely, the whole

family history and hereditary tendencies to disease in that family perfectly. The writer has frequently received from the family physician most important information, which has been of great service to him in arriving at an opinion in a perplexing case. My experience agrees with my researches in that I firmly believe the suicidal tendency to be markedly hereditary. There was a case of this kind recently under our care where the suicidal tendency was most marked at each menstrual period, and we are looking forward with some anxiety to the climacteric period. There is phthisis, rheumatism, and insanity in this family. There are many people who have no delusions, but who suffer from brain disease, whose only symptom seems to be uncontrollable impulses of a morbid nature. These impulses are generally recurrent with these people, but the difficulty is, that while an act of destructive impulse in a person already in an asylum is condoned, a similar act, done by a person whose sanity has never been disputed, is visited by the extreme penalty of the law. A great step will be gained if the judiciary can be made to believe (what science teaches exists) in the existence of such a thing as uncontrollable impulse, and more importance should be attached to this matter of impulse as regards the exhibition of leniency in trials for murder. Has disease caused loss of self-control?

*Legal Relations of Homicidal Mania.*—The legal test of insanity in criminal cases, in case of homicide, should be, the existence of any subjective morbid condition of the nervous system which misleads the mind or conduct. The basis of insanity consists in the changing and misleading subjective impressions of the insane person, coupled with the resultant change of conduct, or of reasoning, or both. There is a change of mental character as compared with the former self or normal ancestral type. I fully agree with Dr. C. H. Hughes, that physical disease, sickness, impresses itself on the conduct or character of the person affected by it, misleading and perverting him in the exercise of his psychic powers. We must recognize as a sick man one who has the undefined perversions of feeling displayed in melancholia, and homicidal and suicidal impulses, and also the kleptomaniacal, pyromaniacal, nymphomaniacal, and other erratic feelings which mislead the judgment and conduct of the insane. Violent homicidal impulses are very common in the epileptic, sometimes preceding, sometimes following, the fits, and sometimes taking their place (masked epilepsy).

Imbeciles are peculiarly liable to impulses to murder, and often give way to the uncontrollable impulse. There is an instinctive or impulsive mania, and Guy correctly states that the homicidal acts committed under its influence have most, or all, of the following characters: They are without discernible motive, or in opposition to all known motives. A man kills his wife, to whom he is tenderly attached; a brother, his sister; a mother, her infant. The victim may be somebody he never saw before, and against whom it is impossible that he should bear malice. The victim of this blind passion may be an animal, incapable of offence. After the commission of the act he does not seek to escape; he often tells



what he has done ; he does not conceal the body, but openly exposes it. He delivers himself up to justice. He tells of the state of mind which led to the act, and either remains stupid and indifferent, or is overwhelmed by remorse. He has no accomplices, has made no preparation, and takes nothing from his victim. Perhaps he has told of his strong impulse to kill, and has begged to be restrained. These homicidal acts are generally preceded by a striking change of conduct and character, and on inquiry, the accused is often found to have an hereditary tendency to insanity, to be subject to fits, to have attempted suicide, or to have wished for death.

*Homicidal Mania Resulting from Religious Insanity.*

—These cases are constantly under excitement or depression, and are subject to illusions and delusions. "They transform the persons with whom they are associated into supernatural beings, endowed with authority or power not to be questioned or resisted ; and they convert common and familiar sounds into the articulate language of temptation or command. One religious maniac, therefore, kills a relative or keeper, imagining him to be a fiend ; another thinks that he has a direct commission from the Deity to fulfill some mission of wrath or extirpation. In cases of religious mania we can never safely affirm that the homicidal act was not the natural consequence of a command which the insane person would deem it impious to resist, or of a delusion which places him, in his own sincere conviction, beyond and above the operation of human laws. The maniac who believes himself to be God or Christ, would, from the very nature of the case, deem himself irresponsible."

*Homicidal Mania from Jealousy.*—In these cases, the jealousy has shaped itself into a distinct delusion, and they are such acts as, if committed by sane men on the evidence of their senses, would be punished as manslaughter, and not as murder.

*Homicidal Mania from Domestic Anxiety, Exaggerated into Fear of Starvation.*—These persons, who kill their children, are generally noted for their domestic virtues and great attachment to their victims, and there is not one point of resemblance between these insane murderers and ordinary criminals.

*Homicidal Insanity from Delusion.*—A homicide, the result of a delusion on the part of the insane man, may be accomplished much as a sane criminal would do it. Deliberation, forethought, and preparation may all enter into the accomplishment of the deed ; but we must not infer that therefore the insane man had such an amount of self-control as would prevent the homicidal deed. He has not. We must not confound the act itself with the mode of accomplishing the act.

To leave the subject of homicidal mania arising from morbid motives and delusions, and return to it as a monomania, or as simply an irresistible desire to kill, it is of importance to bear in mind that it may co exist with general defect or disorder of mind. It is of the greatest medico-legal importance to know that there may be outbursts of maniacal fury with homicidal impulse, and no reliable proof of any prior history of mental disease. The most distinguished physicians devoting their time exclusively to treat-

ing mental and nervous diseases, both in Europe and in America, concur and unite in their belief that the insane and irresistible impulse prompting to murder and destruction, which has been designated Homicidal Monomania, is a distinct disease, from which even childhood is not exempt. The powerful impulse to kill is felt, against which the monomaniac himself strives most earnestly. Bucknill and Tuke, Sir J. Crichton Browne, Drs. Skae, Wilks, Woodman, and Tidy, Guy, Profs. Krafft-Ebing, Castelnau, Devergie, and every physician of note as an alienist and neurologist, all agree as to the existence of homicidal mania as a distinct physical disorder, and, as it is a fact of science, Law should also recognize it. It is of the utmost importance for medical jurisprudence that the medical profession should unite in the declaration that from the standpoint of science the legal test of responsibility should be : Whether, in consequence of congenital defect or acquired disease, the power of self-control is absent altogether, or is so far wanting as to render the individual irresponsible.

## The Polyclinic.

### MEDICO-CHIRURGICAL COLLEGE.

THE changes in the uterus and its appendages that take place at the menopause are the opposite of those that the organs undergo at puberty. Just as puberty marks the beginning, so the menopause marks the ending of the functional activity of the uterus. In the one, the generative organs undergo a process of evolution ; in the other, a condition of involution. Both epochs make a profound impression on the system, and, occasionally, considerable time is required to enable the system to accommodate itself to the change in the function of the sexual organs ; *v.s.*, the establishment or cessation of menstruation.

The limit as to the age of the subject and the period of time of the re-adjustment of the new condition varies in different cases, and when there exists a marked variation in either of these particulars there can generally be found a local cause to account for them. Uterine growths and disease may be coincident with the menopause, but do not originate from it. The change is a favorable crisis in a woman's life, and, when uncomplicated by disease, leaves the subject in a better condition than before, and increases the prospect of life. The atrophic changes, both in the structure and circulation of the uterus incident to the menopause, materially modify the progress of co-existing uterine diseases or growths.

At the menopause, the uterus, ovaries and mammary glands diminish in size ; the vagina becomes smaller and narrower ; the tubes, in part or whole, obliterated ; the nervous system more or less impaired, and the bloodvessels contracted. The change of structure in the organs is one of involution and atrophy. Even though there is required, as a rule, considerable time for the completion of the process, there is generally more or less disturbance of the system, even in healthy women. To compensate for the ces-

sation of menstruation, the skin, the kidneys and the lungs acquire an increased activity in their eliminating powers, and, should these compensating changes be interfered with, the system must suffer in a proportionate degree.

A healthy state of the system and of the generative organs at the time of the menopause admits of a progressive decrease as to quantity and duration of the menstrual flow; interrupted, perhaps, for a time; then re-appearing in a diminished degree, until it ceases. The cessation of menstruation at the climacteric does not always, however, take place in this way, even in a state of health. Where complicated with corporeal endometritis, polypoid growths or other well known uterine conditions, the flow is apt to be profuse, irregular and prolonged—symptoms which call for an examination of the subject and local and constitutional treatment.—*Godfrey.*

#### GERMAN HOSPITAL.

**D**EAVER brought a case of amputation of leg before the class, to have dressing removed for the first time. The first dressing was thoroughly saturated with "bichloride" solution, so that it could be removed without making any traction upon the stump, lest line of union be torn apart. The stump was then thoroughly irrigated, the stream being driven through the drainage tube, that any blood clots lodging therein might be removed. Commenting on the after treatment of the operation, the doctor said: "There is great danger, after an amputation of this character, of secondary or insidious shock, in which state the blood has a tendency to coagulate, forming clots. Small doses of the syrup of ipecac were administered, to prevent the vomiting ensuing the administration of the anæsthetic, which, if not prevented, adds to the prostration of the patient. Five-grain doses of the carbonate of ammonia were also given, every two or three hours, to prevent coagulation of the blood from secondary shock. Many die, after an amputation, from an embolism, due to the coagulation of the blood when they are in a state of insidious shock. It is, therefore, well to be on your guard, with proper remedies against such a contingency. We will now place our patient on a tonic treatment of quinine and iron, and a nutritious diet. The stump, you see, looks well—flaps are united; no suppuration. It will be re-dressed antiseptically."

#### PENNSYLVANIA HOSPITAL.

**I**N two cases of opening of the spinal column, by Morton, impairment of the mental functions followed. The patients thoroughly recovered from the effects of the operation, and when all was seemingly well—even the functions of the paralyzed parts for which the operations were performed being partially restored—they began to show signs of mental disturbance, which gradually grew worse. They first refused food, then to speak, and finally became maniacal, taking offence at any act of kindness shown them. In this condition they continued until death.

ENGLISH drugs are being boycotted in Portugal.

**ANTISEPTIC SOLUTIONS FOR THE USE OF MIDWIVES.**—The Minister of the Interior addressed the Academy of Medicine as to the advisability of authorizing midwives to prescribe antiseptics. The question was submitted to a commission, of which M. Budin was reporter. This commission submitted its report upon February 4, which was discussed fully by MM. Jungfleisch, Trélat, Le Fort, Marty, Worms, Laborde, Tarnier, Guéniot, and others. In the report of M. Budin we find the following: Laplace has shown that tartaric acid, mixed with sublimate, opposes the formation of partly-insoluble albuminates of mercury; while powdered tartaric acid and sublimate united, are quickly dissolved by cold water, and especially by warm water; a solution more rapid, an action more powerful, giving a double advantage to the compound. Your commission proposes to add a little coloring matter, that mistakes may be easily avoided. Each packet should contain, then:

Corrosive sublimate.....	25 centigrammes.
Tartaric acid.....	1 gramme.
Bordeaux red.....	1 milligramme.

On each packet, which will bear the red label directed by law, should be read:

SUBLIMATE, 25 CENTIGRAMMES.  
For One Liter of Water.  
POISON.

The quantity of twenty-five centigrammes will give rise to but little chance of poisoning. It will be, nevertheless, sufficient, in general, for the midwives to lave their hands, for many minutes, in warm water, with soap and brush, if they carefully cleanse the subungual spaces, and finally plunge their hands for some minutes into the sublimate solution. They must not dry them upon dirty towels when they examine by touch, make the toilet of the genitals, or give an injection. Instruments of all materials, excepting metal, should be treated with the sublimate solution; metal articles should be boiled some minutes in water.

One advantage of these packets over liquid antiseptics is, that the whole quantity is used at once; whereas, a few drops of phenic acid in a pitcher of water gives the appearance of antiseptics, without the reality.

After prolonged discussion, the report received the approval of the Academy, and its recommendations have been adopted by the Government.

—*Bull. de l'Acad. de Méd.*

LEVY reports a typical case of infection of the foetus in utero with Frænkel's diplococcus. The child was born the day before its mother died of pneumonia; and three days later the infant succumbed to a hemorrhagic, catarrhal, lobular and lobar pneumonia. The diplococci were found in mother and child, and in the infant's blood.—*Lancet.*

DR. GILBERT SMITH read a paper before the Medical Society of London, in which he held that influenza was a disease of an acutely infectious type, its spread being furthered by elements of a contagious nature.



# The Times and Register

*A Weekly Journal of Medicine and Surgery.*

New York and Philadelphia, March 8, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

THE TIMES AND REGISTER,  
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## LIFE INSURANCE FOR THE POOR.

A SUSPICIOUS death occurred last week at Johnstown. Three children were taken sick, with symptoms of poisoning. One died, and within a few hours, the local agent of an insurance society applied to the physician for a death certificate. This the doctor very properly refused to give, until the case had been fully investigated, and the real cause of death determined. It is quite improbable that the brisk agent had anything to do with the poisoning, the most likely supposition being that, hearing of the child's death, he seized the opportunity to create a little boomlet for his company by paying the insurance upon the day of death. For this indecent haste he now stands a fair chance of having to undergo a criminal suit. But even had no such a complication occurred, the case serves to illustrate the objectionable nature of these insurance companies which accept risks on children's lives.

Many years ago, Thomas Carlyle drew public attention to this matter in his forcible style. He showed that in the degraded condition of the British laboring classes, brutalized by drunkenness, the natural affections dulled by the pinch of want, the idea of child murder originated in and was fostered by these companies, which practically put a premium upon a crime for which the misery of their lives furnished an excuse. In this country the conditions of existence are not so severe, and the grade of intelligence is higher, so that the same temptation cannot be said to exist, save in exceptional cases. And yet, the writer is sure that he has noted a visible lessening of the anxiety to save life; a consciousness that death of a child will bring relief from present financial worries, which in critical cases would turn the scale against the recovery of the sick child. All this is wrong. No such conditions should be permitted to exist; and companies whose operations place their patrons in such conditions should not be patronized. Another very serious objection to these infants' insurance companies is their enormous expense to their patrons. Policies cost somewhere about \$56 per

\$1,000 per annum. Half this sum goes to the collector, who calls for the dues every week. This brings the payments down to so small a sum that it is never seriously felt, but brings up the aggregate to a much larger amount than is paid by any other method. This system is suited to the lowest classes, whose capacities for saving do not reach beyond fifty cents at one time. But this is just the class in which the disposition to allow a child to die for want of medical attendance is greatest.

Of the patrons of these companies, it is probable that ninety per cent. could make a monthly payment quite as easily as a weekly; and as this would do away with the expense of a collector, the cost of insurance would be lessened one-half.

With many backsets, and false starts, there has, nevertheless, been a real progress in insurance matters. In suiting the methods to the needs of the people, mortuary associations have appeared; good, when honestly managed; bad, when controlled by scoundrels. Societies paying weekly sick-benefits have sprung up in great numbers, and flourish luxuriantly. The great objection to them is, that they offer a premium on idleness and encourage malingering. Few lodges will be found which are not saddled with several unfortunate chronic invalids or loafers, who draw out the majority of the funds contributed by all the members.

Building associations, while instituted with a different object, partake of the same nature, as they also offer the means of utilizing small savings and earning interest upon them.

The latest development in this direction lies in the endowment societies—like the Iron Hall, Tonti, and the new Order of Home Builders. In the first of these organizations, the member pays a specified sum every month, and at the expiration of the period stated, receives his money, augmented by several means. The funds raised by assessments are invested so as to produce an income. Many thousands of such funds have been placed in Western mortgages, from which a higher rate of interest is realized than from Eastern securities. When such investments are judiciously made, they are as safe as any local security.

Such associations occupy a field left vacant by the old line insurance companies, which have not thought it worth while to provide for insuring the poor, for small amounts, with payments in instalments. The popularity of all the above-named systems shows how large and important is this field. Could we obtain a cheap and easy means of sending small sums of money safely by post, the workings of these societies would be still further facilitated, and the cost of insurance to the poor diminished.

The latest of these associations combines the advantages of the various systems which preceded it. The primary idea is, to pay into a common treasury, at intervals, a sum which will reach a given amount in six years. The payments will fall below this sum,

by the amount of the profits on investments made during the working period, and by the amounts paid in by members who fail to remain such until the termination of the six years. The number of assessments will be regulated by the operation of these two factors. In case of death or disability, the association pays one-half the amount of the endowment. In case of sickness, the member may draw weekly benefits if he chooses; but the amount drawn is deducted from his endowment, with interest at such a rate that no one will care to accept sick benefits, except in case of necessity. This obviates the greatest objection to societies paying such benefits, as it is to the interest of the society, rather than of the member, to pay in cases of sickness.

The advantages of the building association are obtained by a rule which allows loans to be made to the members, upon approved security, for the purchase or erection of homes.

AS if in confirmation of our recent remarks upon the standing of American physicians abroad, comes the news that the French Government has adopted Laplace's acid-sublimate solution for the use of midwives.

### Annotations.

#### DIET IN DIABETES.

THIS subject, though rather hackneyed, is still of much interest, on account of the great difficulty to prescribe a suitable diet to which the patient will adhere. In "Diabetes," of the *Physician's Leisure Library Series*, Dr. A. H. Smith gives some lucid instructions with regard to this troublesome matter. We condense from these: All forms of meat, except liver, may be allowed; but sauces containing sugar or flour must not be served with them. Fish of all kinds may be given with the same restrictions. Eggs in any form are to be employed. The green vegetables, so-called, contain so little starch and sugar, that their use may be allowed. Celery, cabbage, Brussels sprouts, cauliflower, string beans, asparagus, lettuce, spinach, mushrooms, radishes, cucumbers, endives, young onions, water-cresses, turnip tops, beet tops, etc. Acid fruits, such as tart apples, cranberries, lemons, strawberries, gooseberries, plums, and cherries are permissible. They may be stewed with saccharin, instead of sugar. The greatest trouble is experienced over bread. It seems almost impossible for one to exist with any degree of comfort without bread, and yet the difficulties in the way of making a bread that does not contain a dangerous amount of starch are almost insurmountable. Almonds have been used for the purpose; but they are both too rich and too expensive for most patients. The embryo of the wheat can also be made use of; but here again the matter of cost prevents. Dr. Smith says that a tolerably fair substitute for ordinary bread may be made by adding to the gluten, from which the starch has been removed, wheaten bran, deprived of its outer silicious covering. However, it is only in severe cases that very stringent measures have to be

employed with regard to the exclusion of the carbohydrates from the food.

In mild cases, ordinary bread may be given, deprived of only a portion of its starch, and in still milder cases rye bread will be found of good service. But, since the disease is peculiarly an exhausting one, and it is therefore important to keep the digestive apparatus in as good condition as possible, the author insists that in any case, no matter how satisfactory may be the urinary examinations, if the patient's nutrition and strength are becoming impaired, he must be allowed more liberal diet. Progressive weakening of the patient's assimilative power, with increased nervous irritability and a lowering of his general morale, are by no means compensated for by reducing his output of sugar by one or two grains more a day.

#### THE SANGRADO CURE.

THE editors of the *American Analyst*, we presume, like most editors, do not claim to father all the views put forth in their paper, else we should be greatly surprised, instead of being simply amused, at the review of a book which lately appeared in its columns. This book has the highly interrogative title of, *What must I do to get well, and How can I keep so?* and answers to these interesting and vital questions constitute the song of triumph sung by the author, Elma Stuart. It seems that this lady had suffered torments for many years from rheumatic gout, which the greatest skill of the most eminent physicians had failed to alleviate, and they held out to her no other hope than life-long existence as a helpless cripple. At this critical juncture, she resorted to a treatment, which for simplicity has been equalled only by that of the lamented Dr. Sangrado, of illustrious fame, and which shortly restored her to perfect health and strength, and raised her troubled spirits from the lowest depths of gloomy despair to the seventh heaven of transcendent bliss. What was the treatment? Two quarts of hot water *per diem*, and an animal diet. The enthusiastic reviewer must have "been there" himself, if one may judge by his implicit faith. For instance:

"The treatment requires persistent adherence, but it is sure—or at least as sure as anything short of omniscient omnipotence seems likely to be."

And a little further on:

"It will be a sad blow to that eminently respectable triumvirate, the doctor, the apothecary and the undertaker, when people resort to the hot-water kettle and the butcher for the cure of their ailments, but just in proportion as knowledge spreads that blow must fall."

What nonsense is this for a presumably intelligent person to write! The modified Dr. Sangrado's treatment may be of value and work some cures—we know that Perkins' tractors had thousands of testimonials—but any one who knows aught of pathological processes will see in the sentences quoted nothing but a surprising display of ignorance and absurdity.

#### A COMPLEX STAFF.

IN some western city hospital—our elusive memory fails to tell us where—we noticed that the problem of medical attendance had been neatly solved by



the appointment of a staff consisting of so many regulars, a certain ratio of homeopaths, and a few nondescripts called eclectics. The helpless patients are to be parceled out as per the fraction of the whole which each set represents. If this sort of thing continue, the problem of appointing the staff and awarding the patients will become more difficult than the celebrated one of the three bodies. As time goes on and new "schools" arise with their various adherents, each insisting on mathematical representation, what is to prevent the addition to the staff of a cold water hydrotherapist, a hot water hydrotherapist, a Christian scientist, a "yarb" doctor, an Indian "medicine man," an African hoodoo, and a dozen others of whom the fertile mind of man has not yet conceived? Future census takers will have among their questions, "To what medical school do you belong?" and candidates for city offices will have to undergo rigid examinations in the higher mathematics, such as trigonometry, analytical geometry, and calculus, in order to discover whether they have qualifications sufficient to enable them to appoint medical staffs that shall have a composition in strict accord with the census returns from the particular district in which the beneficent institution is situated.

#### AN ILLOGICAL PREJUDICE.

**D**ESPITE the changes which take place in our beliefs, and the progress of the human race in the arts and sciences, human nature remains about the same; and, in the great mass of mankind, the prejudices, superstitions, the instincts and emotions, and, in fact, the whole range of mentality, remain but little altered after the lapse of forty centuries.

In the days of the Pharaohs it was considered disgraceful to wound the bodies of the dead; and, while the preservation of these bodies was a universal custom, those who made incisions into the flesh in the process, were the objects of universal detestation, being stoned when seen in public places.

To-day we read that a party of Louisville doctors, in search of anatomical material, were ambushed in a cemetery, and one of their assistants shot dead.

The requirements as to skill on the part of physicians are rising every year, and yet the opposition to the most essential of their means of acquiring knowledge remains as strong as it was when the pyramids were being founded.

#### UNWISE PRIVILEGES.

**T**HE action of the Berlin University in expelling a number of American students meets with universal approbation. The numerous young men who flock to the great schools of Europe have been subjected to great annoyance by the reckless behavior of a few, who make the pretence of study cover an unlimited amount of dissipation. For them, the grand opportunities which are so eagerly coveted by their poorer countrymen, have no other attractions but as a means of escape from parental control. There really is no reason why Americans should not be required to behave themselves when abroad; and, if they do not, they should be amenable to the same penalties as natives of the soil. While we appreciate the courtesy of foreign authorities who have forbore

to enforce these penalties, it would be much better for the young men themselves, if these roysterers should be allowed no privileges on the score of their nativity. We earnestly hope that any Americans who disgrace their country by their conduct abroad may receive the full penalty of the law.

#### INSANITY CERTIFICATES.

**D**R. E. F. MENGINEER was acquitted of a charge of conspiracy, in certifying to a case of insanity. The judge decided that there was not sufficient evidence to warrant the prosecution, and declined to hear any evidence for the defence.

In view of the frequent occurrence of such suits, physicians should make it a rule never to sign a certificate unless they secure such evidences of insanity as would be convincing to a jury, and unless their remuneration is sufficient to warrant them in incurring the risk of prosecution. The calculation may be thus stated: Out of fifty cases, the doctor stands a chance of being prosecuted in one, at an expense of about \$500; and, as the unlucky case may occur at any time, he should insure himself against it by charging at least \$25 for each certificate. If his position be such as to render him peculiarly liable to attempts at blackmail, or his practice lucrative enough to render the monetary loss from a suit very heavy, he should decline to sign such certificates, unless he receives a bond indemnifying him against such losses.

#### GOOD THROUGH COERCION.

**A** DAILY paper records that one of our clergymen, after calling on his vast congregation to hold up their hands, all who would join him in an appeal to the judges against the saloons, had the satisfaction of seeing every individual present raise his hand. We know of another preacher who is in the habit, especially during revival seasons, of ordering all of his congregation who love the Lord, to stand up or to kneel down, as the case may be, and we have invariably noticed that the audience was unanimous in their feeling. It takes a brave man, in a position like that, to go contrary to the vast majority, and most persons would rather act a falsehood, than bring upon themselves the severe looks and virtuous frowns of the surrounding multitude. It may be, but it is hardly likely, that in both the cases mentioned all the people were of one mind; yet we think it hardly right for a minister to offer such inducements to the acting of a lie.

#### MINNESOTA LAW.

**T**HE law governing the license to practice medicine in Minnesota provides that the applicant must be a graduate of a college requiring a graded course of at least three years, with courses of lectures occupying six months or more. It is an excellent law, and its originators performed a public service to the people of their State. Were such a law to be enacted in every State in the Union, the cause of medical education would be benefitted greatly; and nowhere would such an advance be more warmly welcomed than at the medical colleges of Philadelphia.

## Letters to the Editor.

### CANCER TREATED BY ELECTRICITY.

#### "ELECTRO-NECROSIS."

"ELECTRO-NECROSIS," noticed recently in the *Evening Telegraph* of this city, and to which you called my attention, is a term coined by Dr. Inglis Parsons, of England, descriptive, as he claims, of the result obtained by his method of application of the galvanic current to cancerous growths.

That the use of electricity as a remedy in such affections is not entirely new, will be seen by a brief glance at its history. In 1849, Dr. Golding-Bird described a process of destroying such masses by galvanism, and in 1867 Dr. Althaus wrote a paper "On the Electrolytic Treatment of Tumors," etc., his method being extensively tried at St. Bartholomews' Hospital by Mr. Callender and Dr. W. E. Steavenson, the results, however, not being satisfactory. Beard and Rockwell describe a method which they style "working up the base" by electrolysis. Dr. Byrne, now of Brooklyn, New York, has issued a report of twenty years' experience in the treatment of uterine cancers by galvano-cautery, and many others who have used electricity in such cases, with varying results.

Dr. Parsons, however, claims for his method originality and success upon two grounds, viz.: the use of heavy currents—as high as six hundred millimetres—and voltaic alternative. In an article in the *British Medical Journal*, for June 8, 1889, he says: "Electrolysis, used as it has hitherto been, utterly fails, for the same reason that the knife and caustics do, to remove the whole of the disease, sometimes at a very early stage. It has, however, one advantage over the knife and ordinary caustics. Isolated glands and nodules can be destroyed without injury to the skin, beyond a minute puncture, when ordinary caustics would necessitate a destruction of the overlying healthy tissue. Again, where a secondary growth is in close proximity to important vessels or nerves, a firm needle can be introduced until the growth is pierced, a current turned on, the caustic action localized and handled as required, when an operation by the knife would be out of the question."

Thus far, but more especially for the latter part of the above, I entirely agree with him, both upon theoretical grounds and personal experience; but he goes on to say: "The great advantage claimed for my method of treatment by a powerful interrupted voltaic current, and which I propose to call electro-necrosis, is that it can be passed through healthy and diseased tissue alike, and if my theory of the nature of cancer, and observations on cases treated in this way be correct, it takes advantage of the difference in resisting power between the two, and kills the latter, while it leaves the former only partially damaged and able to recover. By this means, all outlying cancer cells can be reached and destroyed, even when their exact location cannot be made out. In addition to this, the applications can be repeated as often as necessary, should recurrence occur; whereas, with treatment by the knife, or with caustics, there is a

distinct limit to the number of applications. The duration of each flash is, at the most, two seconds, and the number of flashes required for each portion of the tumor, before re-inserting the needles, is not more than twenty or thirty, so that the actual total of time during which the current is flowing only amounts to one minute."

He also, at another time, likened his method to the process by which human life is destroyed by electricity; but that this theory is untenable is very ably argued by Dr. Steavenson, to the effect "that electricity probably does not kill by shocks when administered to lowly organized living material, but by the effects of shock upon highly organized living beings, acting through the inhibitory nerves, and interfering with the rhythm of the heart. It is probable that it is more difficult to extinguish lowly organized vitality by shocks than highly specialized vitality presided over by an elaborate and finely differentiated nervous system."

Again, although Dr. Parsons claimed to destroy all interpolar diseased cells, he denied all interpolar action, and attempted to prove it by experiment, as follows: He took three cups, placing in each a strong solution of iodide of potassium, connected them by means of a stout lamp wick, and passed a current of 200 ma. through, until the whole of the iodide of potash was decomposed in the two outer cups, when, upon testing the middle cup, no perceptible alteration was observable. If copper wire had been used instead of lamp-wick to connect the glasses, all of the iodide would have been decomposed.

Dr. Golding-Bird, in his *Natural Philosophy*, illustrates this same subject, "in which an alkali appears to traverse an acid without combining with it, and which has been erroneously regarded as a case of suspension of the laws of chemical affinity." Taking the same three cups, placing in the first a solution of sodium sulphate, in the second, dilute sulphuric acid, and in the third, pure water, connecting them with lamp-wick, and passing the galvanic current through, the sodium was decomposed, its alkali passed apparently unchanged through the acid, and appeared in the water at the negative pole.

The theory, however, was that a series of recompositions and decompositions really took place in the acid solution under the influence of the current, and to prove this, Dr. Bird used a solution of chloride of barium, in the first cup, when, upon passing the current, the insoluble sulphate of barium was precipitated in the acid solution, no alkali appearing at the negative pole. Much, therefore, depends upon the electrolyte with which we are dealing. Prof. Daniell also proved this by a very interesting experiment, which I have not room to introduce.

Now, in the complex organization of our tissues, during life, we may not say that no change takes place in the interpolar region under electrolysis, although we may not be able to discern it with the eye; and, further, may not this effect be not so much a setting up of a retrograde metamorphosis in the unhealthy tissue, as a stimulation of the healthy cells to recover their vitality, and so overcome the diseased conditions? Dr. Neffel, who is also a rec-



ognized authority upon the treatment of cancers by electricity, "is inclined to believe that electrolysis produces remote constitutional effects by altering the condition of the protoplasm of the cells in which the poison of the cancer is contained, and by the propagation of which disease becomes constitutional. As soon as the protoplasm has, by electrolytic process, lost its specific contagious qualities, the cancer is prevented from reproducing itself, and gradually disappears."

In a case sent me in July last by Prof. Goodman, I made use of the shock method, but did not get as good results as by subsequent continuous applications. The patient's left hand had been amputated about a year previous to that time for cancer—this expression of the disease being in the axilla, which was filled by a hard mass which threatened to spread into the surrounding tissues, they being infiltrated, thickened and angry looking, as far down as to the border of the eighth or ninth rib, the left nipple being also involved. The treatment was by continuous application of galvanism with as strong a current as he could bear, the positive electrode being at some indifferent point. Direct application was also made to the inside of the tumor by means of a platinum electrode. The infiltrated parts assumed a more healthy condition, but the tumor did not yield so much; and on the 13th of August I made the heavy needle operation, using eight needles, and sending 600 ma. repeatedly through the growth, the patient being, of course, under ether. Whilst this decidedly checked the growth, it did not do as much as was expected of it, and subsequent needle operations, repeated each week, with from 25 to 50 ma., giving a much better result, the patient being made comfortable, and the growth kept from spreading into the adjacent tissues; but, being so deeply situated in the axilla, could not be reached as was desired.

I repeatedly advised the patient to have the arm amputated at the shoulder; but he persistently refused, preferring the electrical treatment.

His general health was quite good.

The cauliflower growths which so persistently spring up and grow so rapidly, I several times removed by electrolysis, and kept them from reappearing by the use of special carbon electrodes prepared by myself. These were inserted into the tumor, and as much of the unhealthy tissue cauterized as was possible, the odor being kept down both by the current and frequent syringing with a solution of silico fluoride of sodium, and dressing with boracic acid.

Of course, the prognosis was bad from the first, and on the 23d of January, 1890, the patient died from hemorrhage from the axillary artery, as had been anticipated.

From this, and other cases, and from the experience of others with whom I have conferred, I am led to the conclusion that it is by the continuous action of the current upon such abnormal growths that good results are obtained and not by voltaic alternatives.

WM. H. WALLING, M.D.

2005 ARCH STREET.

RECURRENT fever has followed the influenza closely in Russia.

#### NITER FOR CHILLS.

SINCE I placed in your hands for publication my brief paper on Potassii Nitras, I have concluded to add my experience in its use for the past few days, which will be suggestive as to the manner of employing the salt.

I was called, on February 4, to see a lady from the country, who, for several months, suffered from chill and fever; chills occurred on alternate days. Condition: intensely jaundiced, considerably emaciated, entire loss of appetite, exhausted by the least exertion. Ordered thirty-grain doses of potassii nitras, to be given two hours before the time of chill, and another similar dose when symptoms of chill occurred. No chill took place. The same doses ordered on the next alternate day; no recurrence of chill, and no further medication employed. Jaundice cleared up completely, appetite restored, convalescence established. Patient discharged February 12.

Was called on Wednesday to see a young lady of the city, who was seized with chill and fever the preceding Sunday. Chill occurred at 6 o'clock every evening. Gave quinae sulphas for two days, with no beneficial result. Ordered thirty-grain doses of potassii nitras, to be given as in the case above detailed. No chill took place on the first day; on the second day, at the hour of 6, the usual symptoms of chill were felt. A thirty-grain dose of the salt was at once given, with the effect of immediate abortion. No further medication. Patient is now attending to her usual household duties.

To-day a young man called at my office, suffering from a small gluteal abscess and fissure of anus. Upon opening the abscess and cauterizing the fissure, he was seized with a violent chill. Administered spirits of ammonia and brandy. Condition unchanged after a lapse of fifteen minutes. Temperature, 96° S. L.; surface, cold and clammy; teeth, chattering; face, blue and pinched. I thought of potassii nitras, and concluded to hazard a dose; gave thirty grains. Within seven minutes chill ceased, temperature normal, circulation re-established. Within ten minutes from the time of administering the salt, the patient was on the street, walking home. This is to me a new experience; heretofore I employed the salt only in chills presumably malarial.

To abort a malarial chill has heretofore been difficult—nay, I may say impossible—of accomplishment. To abort and at the same time to effect a radical cure with an approximation to uniformity—with a few grains of simple salt—has never before been accomplished, and is without precedent in medical experience.

J. D. HUNTER, M.D.

352 TULANE AVENUE, NEW ORLEANS, LA.

#### TREATMENT OF RHEUMATISM.

I HAVE several cases of inflammatory rheumatism under my care here, and should like very much to know the treatment you recommend. I have been using salicylic acid, small doses frequently repeated, with fair results.

H. A. S.

HENRICH, ILL.

[As yet, no remedy in acute cases has proved as useful as the salicylate of soda. Direct fifteen grains of the natural acid to be taken every two hours, with an equal quantity of soda bicarbonate, mixed with water at the time it is to be taken. This is to be continued until the fever is under control, when the dose of acid may be rapidly lessened, and the alkali continued in doses large enough to keep the urine alkaline. Cathartics always do good in acute rheumatism, and opiates harm. Blisters are unnecessary. Chloroform liniment is useful. Salol is far less active, but answers in milder cases.—W. F. W.]

## Book Reviews.

**MEDICAL AND SURGICAL MEMOIRS.** By JOSEPH JONES, M.D. Vol. III. In two parts. Part I, pp. 542; Part II, pp. 359. Illustrated by 8 Chromo-Lithographic Plates, 21 Maps and Charts, 22 Extensive and Elaborate Tables, and 17 Engravings. Published by the Author. New Orleans, La.

In these two bulky volumes we have the record of a well-spent life. No ordinary man could have done so much work, and done it so well. These volumes represent the professional work of the author during the decade from 1880 to 1890.

In the first year he was made President of the Louisiana State Board of Health. Taking up the quarantine establishment, then in a state of dilapidation, Dr. Jones and his Board brought it quickly into an efficient condition, and relieved New Orleans and the Mississippi Valley from the scourge of yellow fever. The great steamship companies, which had openly disregarded the laws, were brought up with a round turn, and, after a prolonged struggle, compelled to obey the lawful authorities. In this contest Dr. Jones showed himself to be possessed of that rare combination of qualities which fit a man for the duties of an executive officer: knowledge of the subject embraced in his department, energy to carry out his projects properly, and that rare skill in winning the public to his support, without which the others are apt to be negatived.

Part I treats of endemic, epidemic, contagious, and infectious diseases; measures for their prevention and arrest; malarial fever; yellow fever; typhoid fever; Asiatic cholera; smallpox; varioloid; varicella; cowpox; vaccination; spurious vaccination; measles; scarlatina; diphtheria; phthisis; syphilis; alcoholism; theory and practice of quarantine; relation of drainage, soil, food and water to the foregoing diseases; application of measures for the exclusion and arrest of yellow fever and smallpox in the Mississippi Valley, illustrated by the quarantine and sanitary operations of the Board of Health of Louisiana, 1880 to 1883.

Part II. Monographs upon: The Philosophical Principles of Education, and their scientific application to the Development and Perfection of the Medical Profession; Vital Capacity of the Human Lungs in Health and Disease; Contribution to Teratology; General Medicine; Diseases of the Nervous System; Congenital and Acquired Insanity; Advancement in

the Treatment of the Insane during the Nineteenth Century; Treatment of the Insane in Louisiana; Relation of Quarantine to Commerce in the Mississippi Valley; Use of Antipyretic Remedies in Febrile Diseases; Public and International Hygiene; Disinfectants; History of Maritime Hygiene as Applied by the Great Naval Powers.

Among the papers are reprints of reports on vaccination by Jenner, Pearson, Woodhouse, Waterhouse, etc. It is to be regretted that the tables were not bound separately, as they spoil the appearance of the volumes, with the help of very inferior binding.

**OXYGEN AND OTHER GASES IN MEDICINE AND SURGERY.** By J. N. DEMARQUAY. Translated by SAMUEL S. WALLIAN, A.M., M.D. F. A. Davis, Publisher, Philadelphia. 1889. Pp. 300. Price: cloth, \$2.00; half Russia, \$3.00, net.

Considering the importance which treatment by gases, especially oxygen, is now assuming, and the increasing frequency of employment, the appearance of a work of this character is most timely. From the original bulky work of eight hundred and sixteen octavo pages, the translator has, we think judiciously, taken that which is of most practical importance, leaving the discursive and speculative portions for those who desire to go into the subject exhaustively; they may consult the original. In order to enhance the value of the work, Dr. Wallian has added to the translation "such notes, comments, and suggestions as his own personal experience and the recent progress of pneumatological science seem to demand."

**ANÆSTHETICS, ANCIENT AND MODERN.** By GEORGE FOY, F.R.C.S. London: Bailliere, Tindall & Cox. 1889.

This work, sent us by West, Johnson & Co., of Richmond, Va., consists chiefly of a compilation of a series of articles which appeared in the *Dublin Journal of the Medical Sciences* during 1888-1889. The author has gone to much trouble to discover whatever has been recorded about the subject of anæsthetics, and treats it *ab initio*. The principal portion of the book is, of course, devoted to the discussion of ether and chloroform in all their aspects, concluding, as we might expect from the general opinion in Great Britain, that chloroform is the preferable. In the last part are figured a number of the different forms of apparatus used for the inhalation of anæsthetics.

**THE YEAR-BOOK OF TREATMENT FOR 1890.** Philadelphia: Lea Brothers & Co. Pp. 314.

To the physician who is desirous of keeping abreast of the times, a work such as this is of great value. Here are condensed into a readily-accessible form the most important advances and discoveries in medicine and surgery during the year that has passed, and these, for a comparatively trifling sum, any one can command for his own use.

**A TREATISE ON FRACTURES.** By ARMOND DEPRÉS, M.D. Translated by E. P. Hurd, M.D. Physician's Leisure Library Series. Detroit, Mich.: Geo. S. Davis, Publisher.

This little volume is not intended, the translator says, to be a complete treatise of fractures, but simply as a guide, in the more common fractures, to the general practitioner.



Though it may be as the author says—"the treatment of fractures is very simple"—it is yet true that hardly any other class of cases gives the physician or surgeon so much trouble, or requires more care.

**DIABETES.** By A. H. SMITH, M.D., New York. Physician's Leisure Library Series. Detroit, Mich.: Geo. S. Davis, Publisher.

This is an interesting little volume, aiming, as the author says, not to go exhaustively into the subject, but simply to give what may prove of service to the busy practitioner. This matter is well arranged, and is quite readable.

With regard to carbuncles, Dr. Smith suggests that the urine should be examined when one appears, as this is frequently the first indication of the presence of the disease. The subjects of both dietetic and medicinal treatment are carefully handled.

## Pamphlets.

**The Treatment of Acne.** By B. Merrill Rickets, M.D., Cincinnati, O. The author believes that though this disfiguring trouble is commonly much neglected by the general practitioner as a very obstinate malady, yet that it is really quite amenable to treatment. He classes the different varieties simply under two heads—I. Acne due to faulty secretion or excretion; and 2. Acne due to congestion and inflammation. With regard to acne indurata, he observes that whenever there is an indurated papule, painful to pressure, pus is to be found, if one will go deep enough. Evacuation of the purulent contents is the first requisite, and this is to be followed by tonic treatment and alterative treatment, preparations of arsenic being especially serviceable.

**On the Value of Antiseptic Treatment and Protection for the Membrana-tympani in Perforations the Result of Otorrhoea.** By Lawrence Turnbull, Philadelphia. The author considers that antiseptic measures are hardly anywhere more important than in the treatment of chronic otitis media. As long as there is a discharge, he says that the Eustachian tube should be opened, the uterus washed with the antiseptic solution—bichloride the best—and antiseptic gauze applied. When the suppuration has ceased, the perforations of the membrane should be protected from the entrance of germs and irritant matter by what he calls a "protector," *i. e.*, a piece of oiled silk or rubber, cut about the size of the membrane, and applied to the perforation. From this method of treatment he has had most satisfactory results.

## The Medical Digest.

**THE HYDERABAD COMMISSION—Practical Conclusions.**—The following are the practical conclusions which the Commission think may fairly be deduced from the experiments recorded in this report:

1. The recumbent position on the back, and absolute freedom of respiration, are essential.
2. If, during an operation, the recumbent position on the back cannot, from any cause, be maintained during chloroform administration, the utmost attention to the respiration is necessary to prevent asphyxia or an overdose. If there is any doubt whatever about the state of respiration, the patient should be at once restored to the recumbent position on the back.
3. To ensure absolute freedom of respiration, tight clothing of every kind, either on the neck, chest or

abdomen, is to be strictly avoided; and no assistants or bystanders should be allowed to exert pressure on any part of the patient's thorax or abdomen, even though the patient be struggling violently. If struggling does occur, it is always possible to hold the patient down by pressure on the shoulders, pelvis, or legs, without doing anything which can, by any possibility, interfere with the free movements of respiration.

4. An apparatus is not essential, and ought not to be used, as, being made to fit the face, it must tend to produce a certain amount of asphyxia. Moreover, it is apt to take up part of the attention which is required elsewhere. In short, no matter how it is made, it introduces an element of danger into the administration. A convenient form of inhaler is an open cone or cap with a little absorbent cotton inside at the apex.

5. At the commencement of inhalation, care should be taken, by not holding the cap too close over the mouth and nose, to avoid exciting struggling, or holding the breath. If struggling or holding the breath do occur, great care is necessary to avoid an overdose during the deep inspirations which follow. When quiet breathing is ensured, as the patient begins to go over, there is no reason why the inhaler should not be applied close to the face; and all that is then necessary is to watch the cornea, and to see that the respiration is not interfered with.

6. In children, crying ensures free admission of chloroform into the lungs; but as struggling and holding the breath can hardly be avoided, and one or two whiffs of chloroform may be sufficient to produce complete insensibility, they should always be allowed to inhale a little fresh air during the first deep inspirations which follow. In any struggling persons, but especially in children, it is essential to remove the inhaler after the first or second deep inspiration, as enough chloroform may have been inhaled to produce deep anaesthesia, and this may only appear, or may deepen, after the chloroform is stopped. Struggling is best avoided in adults by making them blow out hard after each inspiration during the inhalation.

7. The patient is, as a rule, anaesthetized and ready for the operation to be commenced when unconscious winking is no longer produced by touching the surface of the eye with the tip of the finger. The anaesthetic should never, under any circumstances, be pushed till the respiration stops; but when once the cornea is insensitive, the patient should be kept gently under by occasional inhalations, and not be allowed to come out and renew the stage of struggling and resistance.

8. As a rule, no operation should be commenced until the patient is fully under the influence of the anaesthetic, so as to avoid all chance of death from surgical shock or fright.

9. The administrator should be guided as to the effect entirely by the respiration. His only object, while producing anaesthesia, is to see that the respiration is not interfered with.

10. If possible, the patient's chest and abdomen should be exposed during chloroform inhalation, so that the respiratory movements can be seen by the

administrator. If anything interferes with the respiration in any way, however slightly, even if this occurs at the very commencement of the administration, if breath is held, or if there is stertor, the inhalation should be stopped until the breathing is natural again. This may sometimes create delay and inconvenience with inexperienced administrators; but experience will make any administrator so familiar with the respiratory functions under chloroform that he will, in a short time, know almost by intuition whether anything is going wrong, and be able to put it right without delay before any danger arises.

11. If the breathing becomes embarrassed, the lower jaw should be pulled or pushed from behind the angles forward, so that the lower teeth protrude in front of the upper. This raises the epiglottis, and frees the larynx. At the same time, it is well to assist the respiration artificially until the embarrassment passes off.

12. If, by any accident, the respiration stops, artificial respiration should be commenced at once, while an assistant lowers the head and draws forward the tongue with catch-forceps, by Howard's method, assisted by compression and relaxation of the thoracic walls. Artificial respiration should be continued until there is no doubt whatever that natural respiration is completely re-established.

13. A small dose of morphine may be injected subcutaneously before chloroform inhalation, as it helps to keep the patient in a state of anæsthesia in prolonged operations. There is nothing to show that atropine does any good in connection with administration of chloroform, and it may do a very great deal of harm.

14. Alcohol may be given with advantage before operations under chloroform, provided it does not cause excitement, and merely has the effect of giving a patient confidence and steadying the circulation.

The Commission has no doubt whatever that, if the above rules be followed, chloroform may be given in any case requiring an operation, with perfect ease and absolute safety, so as to do good without the risk of evil.

#### FRENCH NOTES.

Translated by Albert E. Roussel, M.D.

THE TROUBLES AND LESIONS OF THE EAR IN THE EPIDEMIC OF GRIPPE OF 1889-1890.<sup>1</sup>—We have had occasion to observe, during the last epidemic of grippé, a certain number of cases of otitis, with characteristics sufficiently pronounced to permit us to add some observations to the already numerous publications on the grippé which have recently appeared.

The cases of which we wish to speak have been observed in patients suffering from the grippé when the catarrhal phenomena predominated, especially of the rhino-pharyngo-laryngeal membranes.

Nearly all our cases are presented as examples of otitis, severe and acute; as, with the exception of two cases, suppuration was quickly established, and, fol-

lowing this suppuration of the middle ear, important complications presented themselves. It is, then, this special form of otitis of the grippé observed by us that we wish to dwell upon. Is it only a coincidence or chance which permitted us to have under observation within a short space of time several cases of grave otitis, which seemed to be different from those mild cases which are usually reported as attending this disease? Unfortunately, our patients, who, for the most part, belonged to the out-door clinic, could not be observed from the beginning of their malady; many of them presented themselves with already advanced lesions and pronounced functional troubles. A few, however, entered the wards, and a small number were referred from other hospitals, where they had been under observation. But, in any case, the symptoms previous to their arrival to the hospital, as stated by themselves, leave no doubt, as we shall see, of the retrospective diagnosis of the grippé, which we have to accept to explain this acute otitis in patients who had, until this time, never presented any affection of the ear, and occurring only a few days after the advent of the grippé.

Our patients are all adults.

We have a greater number of cases in women than in men.

The period of the epidemic when these auricular accidents seemed to have predominated, was at the latter part of December and the beginning of January, at about the exact period when the epidemic was on its decline.

But even to-day new patients present themselves at the hospital, but they are less numerous.

These symptoms began about five or ten days after the onset of the grippé, and the otitis occurred in about three to five days after the rhino-pharyngeal symptoms.

The grippé of which they had suffered had been slight, almost benign, but with a very marked rhino-pharyngeal catarrh. All of our patients have had a violent coryza, dysphagia, a little dysphonia, at the same time aphonia, and a cough; fever to the point of taking to bed, or at least to cease all work and to remain in the house for several days; cephalalgia and loss of appetite complete the portrait of the malady.

We will add an observation, to which we think is due a certain amount of importance. In several cases we observed accidents anterior to the grippé; some, indeed, existing for several years past, in the region of the rhino-pharynx, or of the buccal pharynx.

There are polypi of the nose which had been previously removed, or hypertrophies of the tonsils in strumous subjects, consequently predisposed to repeated anginas, and in whom there has been repeated removals of adenoid vegetations of the nasal pharynx, or, again, granular anginas and cases of chronic pharyngitis in arthritis.

Shall we endeavor to note in these facts a possible explanation of the particular gravity of acute otitis of the grippé in patients whose rhino-pharyngeal cavities seem to offer the least resistance as a result of a pathological past, as it is generally admitted that, in an infectious fever, the morbid localization

<sup>1</sup> By Dr. Gouguenheim, Physician to the Lariboisière Hospital. (From advance sheets.)



fixes itself on an organ previously diseased, in preference to others, in order to develop all its activity? We have thought it best not to neglect this particular point in our observations.

Another observation is the following: Several of our patients affected with otitis have had, several days previously, dysphonia, or even aphonia. We have not had the opportunity to make a laryngoscopic examination in these cases, as the patients only presented themselves subsequently for the otitis; but, as we have noticed catarrhal ulcerations of the larynx in persons who had been seized by the grippe some ten days before, may not the dysphonia of our patients affected with otitis be regarded as the consequence of catarrhal ulcerations following the grip, the same as the otitis?

The progress of the otitis which we have had under observation has been relatively rapid. After a primary period, when the painful phenomena were often excessive, with troubles of hearing, at the moment when the objective signs were only represented by a little redness of the tympanum and catarrh of the Eustachian tube, we soon noticed opacity of the tympanum and its fixation by accumulations of liquid in the cavity. The tympanum, pointing, was perforated spontaneously, about ten days after the beginning of the otitis, and an abundant otorrhoea was established. The patient was relieved, but the middle ear was in a very bad condition. Indications for paracentesis of the tympanum were occasionally observed, and this operation was performed in those cases which presented themselves in time to prevent destructive lesions. But many of our patients presented themselves only after the perforation had taken place. In two women this accident did not stop here; in one there occurred a certain degree of mastoiditis; in the other the *caisse* was evacuated, the ossicles were thrown out, or at least displaced to such an extent that they present to-day only the appearance of a reddish, depressed cavity. These last patients only presented themselves for treatment at a very advanced period of the disease.

All our patients are yet under treatment. The prognosis, however, is relatively grave. Many of them in effect, notwithstanding a careful local treatment, will retain pronounced ear troubles, and a possible susceptibility to new attacks of otitis.

The treatment has been as follows: In the cases which present themselves with a little angina, or perhaps with but a simple redness of the throat, we recommend irrigations of the rhino-pharynx with the boric solution, three per cent., by means of the siphon apparatus; irrigations repeated each day, night and morning. The greater number will present no other symptoms than the auricular ones. In our cases of acute moderate otitis, non-suppurative, we employ tepid washes, emollients and narcotics of the auditive canal, leeches on the mastoid process. The local bleeding, we may state at once, has always been without result.

When the pains were severe, the tympanum pointing, and exploration of the tube by the methods of Toynbee, or of Valsalva indicated the presence of liquid in the cavity, we practised paracentesis *sous umbili-*

*cale*, with a cataract-needle, after anaesthesia with the solution of hydrochlorate of cocaine, 1-5. The little operation was followed by boric washes, which evacuated the pus, and a dressing of the canal with a tampon of cotton wadding soaked in camphorated naphthol (one part of naphthol to three of camphor).

When the patients presented themselves with perforation of the tympanum and otorrhoea, an obliteration more or less marked of the tube, and almost absolute deafness, we have used the boric solution several times daily; every second day a dressing of camphorated naphthol, applied, if possible, with a stylet surrounded by cotton at its extremity. In conclusion, every second day we practised catheterismus of the Eustachian tube, accompanied by several douches of air, or, at least, administered by the process of Politzer. We wish to remark, regarding the dressings of camphorated naphthol, that, from the first dressings, we succeeded in diminishing the discharge, and obtaining a relative asepsis of the parts. This fact has already been demonstrated in the thesis of Dr. Dumont on the employment of camphorated naphthol in the treatment of suppurating otitis.

We give below the results of the examination of Dr. Netter, a bacteriologist of the highest rank, on the pathogenesis of acute otitis, for which we extend to him our thanks.

*Note from Dr. Netter, professor agrege to the Faculte de Medicine of Paris, on the examination of pus obtained in one case of moderate otitis.*

On the 30th of January, 1890, I aspirated with a pipette the contents of the right ear of patient No. 19. Two injections had previously been made in this ear, the last not more than an hour since.

I remove two cubic centimetres of a greenish, inodorous pus.

Microscopic examination shows roundish micrococci, grouped in pairs or in chains.

Cultures give birth to numerous colonies, small, grayish, not pronounced, arranged in chains, and offering all the characteristics of the streptococcus pyogenus.

A mouse, inoculated under the skin of the back on the 30th of January, with two drops of this pus, died on the night of the 1st to the 2d of February. Examination showed purulent infiltration of the back and suppuration of the corresponding ganglions. The spleen was voluminous and of a reddish-brown color. The pus from the middle of the back, of the ganglion, the spleen, contained quantities of the streptococcus. These were equally seen in the blood, which furnished pure cultures of the streptococcus pyogenus.

VICTOR MEYER said recently that we may reasonably hope that chemistry will teach us how to make the fiber of wood a source of human food. Wood-fiber consists of cellulin,  $C_6H_{10}O_5$ . Starch has the same formula. Hellreigel showed that plants transform atmospheric nitrogen into albumen, and that this process can be improved by suitable treatment. It only needs to ascertain the means of converting cellulin into starch, and the food question is solved.

PONCE relieves photophobia by filling the external auditory meatus with cotton soaked with chloroform; thus anæsthetizing the Gasserian ganglion.

ICHTHYOL FOR ALCOHOLISM.—Unna recommends ichthyol in doses of thirty grains, pushed to saturation, for alcoholism. He says it acts as a tonic and corrective for circulation anomalies and removes the appetite for strong liquors.

SILICO-FLUORIDE.—Bokenham (*Brit. Med. Jour.*) says, that his experiments with sodium silico-fluoride have made him very doubtful of its utility for internal administration. In doses of three-fourths grain, it produced unpleasant gastric phenomena.

#### FORMULA FOR CHLORALAMID.—

R.—Chloralamid.....gr. xlv  
Acid. hydrochloric dil.....m℥ v  
Syr. aurantii cort.....℥ ss  
Aque destill.....q. s. ad ℥ ij

M.

In the *Buffalo Medical and Surgical Journal* is reported a case of acute, non-fatal belladonna poisoning, in a woman thirty-five years old, suffering from mumps. A curious feature was the occurrence of epistaxis, the blood being projected from the nostrils in jets.

In a paper upon rheumatism, Charteris (*Lancet*) states that an impurity has been found in artificial salicylic acid, one grain of which killed a rabbit. This impurity might be removed by this process: salicylate of calcium was prepared, decomposed by hydrochloric acid, and the free salicylic acid purified by recrystallization. The product was in all respects similar to the natural acid, and quite as free from toxic effects.

CONTAGION OF INFLUENZA.—M. Proust has communicated to the Academy a case which goes far to render probable the contagiousity of influenza. A ship left St. Nazaire on December 2, with no illness on board. She reached Santander on the 5th, and there embarked a passenger coming from Madrid, where the gripe was then raging. On the 6th this passenger was seized with the disease. Four days later, the physician became ill with it. On the 12th another case appeared, and the disease became general, 201 persons being seized, the cases being mild.

In February *Progress*, Dr. Reynolds gives a much-needed warning against dangerous applications to the eye. He says: "It may be laid down as a rule, that it is bad surgery to attempt to prevent or restrain inflammatory action by either torrid or frigid applications." Hot, sterilized solutions may be highly beneficial in acute inflammations; but plain water, hot or cold, is a dangerous agent. In all abrasions and ulcerations of the cornea, it is dangerous to allow the eye bandaged. If the eye ever gets so seriously affected by corneal ulceration as to require closing the lids, be certain to introduce some efficient antiseptic agent, such as ointment of yellow oxide of mercury, or boric acid. Powders are dangerous.

In a paper entitled *Pneumonic Fever in the Aged* (*Progress*), Wells refers to the following points:

1. The initial chill is absent in one-fourth of the cases.
2. Pain is almost always present.
3. Expectoration may be scanty or absent; raised with difficulty; often non-characteristic.
4. Heart rate and arterial tension vary widely.
5. Physical signs are modified variously by senile changes. Crepitus is often elusive, heard on deep inspiration, with moist râles. Aegophony often replaces bronchophony.
6. Dizziness and frontal headache are frequent.
7. The tendency to prostration exists from the first.
8. The death rate ranges from 60 to 75 per cent.

CHLORALAMIDE.—Strahan (*Lancet*) thus sums up his experience in the use of chloralamide as a hypnotic for the insane: 1. It is a very effectual hypnotic. 2. It appears to have no depressing effect on the heart. 3. The dose is about thirty-five to forty-five grains; but fifty-five may be safely given. 4. It should be administered one or one-and-one-half hours before the time sleep is desired. 5. Its action is sometimes deferred so long as three hours, even where it gains prolonged sleep. 6. No ataxic symptoms or headache follow its use. 7. It does not affect the digestive organs. 8. It is a very useful and safe hypnotic, and may be given to paralytics, whatever their stage. 9. In his opinion it is equal, but in no way superior, to paraldehyde, save that it is much pleasanter to take, and does not render the breath as offensive.

EXALGINE.—Fraser (*Brit. Med. Jour.*), in the following table, gives the results obtained from exalgine, administered with a view to its analgesic effect. This, he says, is not very powerful; but the drug has the enormous advantage of freedom from the disadvantages pertaining to most other remedies of this class.

	Number of Observations.	Number Successful.	Number Unsuccessful or Doubtful.
Facial neuralgia.....	8	8	—
Sciatica.....	10	9	1
Herpetic neuralgia.....	10	9	1
Neuralgia of arm, in hemiplegia.	11	11	—
Locomotor ataxy, 1st case.....	2	2	—
" " 2d case.....	1	1	—
Toothache, 1st case.....	2	2	—
" 2d case.....	2	2	—
" 3d case.....	2	2	—
" 4th case.....	2	—	2
Cardiac angina.....	2	2	—
Pleuritic pain, 1st case.....	1	—	1
" " 2d case.....	4	4	—
Rheumatic synovitis.....	4	4	—
Blenorrhagic rheumatism.....	2	1	1
Gastric pain, cancer.....	2	2	—
" " catarrh and cicatrized ulcer.....	4	2	2
Cancer in abdomen.....	10	6	4
Carcinoma of liver.....	2	—	2
Aneurysm of aorta.....	4	—	4
Lumbar abscess.....	3	—	3
	88	67	21



A HOMŒOPATHIC contemporary tells of a St. Valentine's dance, in which the young lady patrons engaged, for the benefit of a hospital; but we may here remark that, with the patients, St. Vitus's dance still continues as popular as ever.

AN ELYSIUM FOR AFRICANS.—Under the heading of "Where there is No Color-line," the *National Drummer* says that "In Philadelphia, which has a colored population of about 35,000, the color line has almost entirely disappeared," and, after recounting the various clubs, associations and churches belonging expressly to this people, it remarks that there is one colored physician who makes \$30,000 a year.

ANTIFEBRIN.—Lionel S. Beale comes out with the assertion that antifebrin is unsafe and ought not to be prescribed. That it should not be used heedlessly we will admit; but it is a substance of definite strength and uniform composition; its properties are pretty well known, and the ill effects should not be unexpected. Nor are the latter difficult to relieve, and the means can be procured with ease. Compared with the variable preparations of aconite, belladonna, veratrum, hydrocyanic acid, and many other drngs in common use, the advantage in nearly every particular lies on the side of antifebrin.

THE forces of nature are proverbially easy on the drunken man and the baby; and this baby seems to be no exception to the rule. It was a three-year-old one, and walked off a western train that was going at a high rate of speed. Upon backing the train, to pick up the remains, the "remains" were found standing quietly on the track, with no injury but a slight scratch on the forehead. As a converse to this, a few days since, a woman, in her sleep, walked off a train, also going at a high rate; but she fared not so well, having been found rolled in a heap, with, as the paper remarked in a general way, "many of her bones broken."

FOR sycosis, Ohmann-Dumesnil (*St. Louis Med. and Surg. Jour.*), recommends: First, epilation, evacuation of pus, and the application of pure campho-phenique, repeated at night. This is followed by what he calls the "prophylactic" treatment; shaving daily, making the lather with bichloride soap, and 1 to 1000 bichloride solution in water. Razor, brush, etc., are to be rendered aseptic. After shaving, a bichloride solution, from 1 to 500 to 1 to 1000 is used. At night the same lotion is applied, or lanolin is rubbed in. The duration of this is indefinite; but the author says he has continued it for two years. He does not explain how he secures that impossible article, bichloride soap; and the time required seems somewhat lengthy.

BUGABOO HUNTERS.—The gentleman in charge of the microscopical department of one of our contemporaries allows himself considerable latitude in the way of vituperating certain writers whom he stigmatizes as "bugaboo hunters," merely because they have called attention to some possible and probable methods of contagion hitherto unnoticed. If fatal dis-

eases like, for instance, small-pox and scarlet fever, are, in truth, infectious (and to the extent commonly believed), surely there is nothing absurd or worthy of contempt in calling attention to the fact that the books of a circulating library may be efficient media for disseminating the deadly germs, or that the little pits or depressions in coins may easily contain the microscopic germs, or that, at any rate, the habit of holding these pieces of money in the mouth may be not only a highly disgusting one, but dangerous as well.

THE LATE SUPERINTENDENT OF PUBLIC INSTRUCTION.—The attempt to collect funds for a monument to the memory of the late State Superintendent of Public Instruction, though, perhaps, not altogether commendable, shows in what love he was held by those who had the best opportunity to know him. There is not, however, the slightest reason for heaping obloquy on his name, as has been done by some of the papers throughout the State, when commenting on the project. But, as Macaulay says, "they did after their kind." As an old student under Dr. Higbee, the writer has the warmest recollections both of his gentlemanliness, geniality, scholarship, and capability. He was generally loved and respected throughout the State among school circles—those surely the best qualified to judge of a man's fitness for such a position as he held.

Some papers decry the appointment of a scholar and educator for the position of State Superintendent, holding that the position should be given to a business man! It seems about as reasonable that business men should be appointed judges in our courts, as that a business man, pure and simple, should hold a position which requires not only an intimate knowledge of the needs of the pupil, the teacher, and the school, but also a ripe scholarship, such as will command the respect of all, whether they hold offices, higher or lower.

A whole life spent in educational work, together with an exceptionally fine scholarship, qualified Dr. Higbee to an eminent degree for the position which he held, and which he most fitly filled.

IDENTIFICATION.—Under this title, Charles Everett Warren has a paper in the *St. Louis Medical and Surgical Journal*, which may well demand more than a passing attention. The practical object of this article is, to insist that each individual ought to carry about him some more or less uniform and reliable means of identification.

In the old, stay-at-home days of our ancestors, difficulties in the way of identification could not have been so common; but in this stirring period of easy and rapid transit, traveling, globe-trotting, and world-girdling have come to be the rule rather than the exception, and it is easy to conceive of many contingencies in which a ready means of identification would be of comfort and value.

There are, also, many other instances where such means would be useful. When an unknown man writes to have a check cashed, for instance. Only those who have experienced it know the annoyance

of having the cashier assert that he knows you not, thus compelling much loss of time, both to yourself and to the complaisant mutual acquaintance who is willing to accompany you to the bank, and there maintain before the autocratic cashier that you are indeed yourself.

Dr. Warren suggests that each carry about with him a metal badge or charm, on which is engraved the necessary data. In order that such custom should be of real value, an act could be passed not only declaring this badge to be legal proof of identity, but also—as in the case of forging another man's name—suitable penalties could be attached to wearing or masquerading with another man's badge.

**PNEUMONOKONIOSIS.**—Fowler (*Occidental Medical Times*) says that "Elevator Disease" is the name given in Buffalo to the affection produced by the inhalation of grain dust. The average life of elevator men is said to be five years. In California, a similar affection is due to the blasting in mines. On leaving the mines, workmen suffer from dyspnea, headache, vertigo, and, perhaps, nausea. After while a cough appears, and increases until the patient is compelled to cease work. The base of the lung would be most likely to be affected, the inhaled particles obeying the law of gravitation.

**TREPHINING FOR OLD HEMIPLEGIA AND HEADACHE.**—White (*Medical Press and Circular*) applied the trephine in a case of this character. As it was thought that there was partial destruction of the cortical motor area on the right side, the trephine was applied over the middle of the fissure of Rolando. The bone proved three-fourths of an inch thick, the dura was thickened, and the ascending frontal and parietal convolutions wasted. The thickened bone and dura were removed. Great improvement followed; but one fit and one headache were reported in seventeen months, and the leg has regained much power, though the hand remains the same.

**THE INFLUENCE OF COLD IN PNEUMONIC INFECTION.**—Dr. G. Lipari, of Palermo, in his recent experiments on the infectious nature of fibrinous pneumonia, essentially confirms what is known of Fraenkel's pneumonococcus, and has also succeeded in proving the influence of cold as a factor in the origin of fibrinous pneumonia. The endo-tracheal injection of pneumonic sputa or pleuritic exudation of animals which had died from pneumonococci, gave a negative result; but when the author, before or after the endo-tracheal injection, exposed the animals to cold, the result was very different. Of eight animals so treated, six died with clearly-established pneumonic infiltration. The author supposes that the cold paralyzes the ciliated epithelium of the bronchi, and, at the same time, causes their mucous membrane to swell, both of which pathological processes favor the descent of the infectious material into the alveoli. These experiments were doubtless undertaken with a view to harmonize the old and new teaching upon the origin of this prevalent disease.

—*Lancet*.

**ALOPECIA AREATA FOLLOWING INJURY.**—Hoffman (*Maryland Medical Journal*) details the case of a woman who fell, striking her occiput upon a stone step. She did not lose consciousness, but went home and to bed, where she remained several days, sleeping most of the time. Headache developed after she resumed her occupation. Ten days after the fall, bald spots began to show themselves, and complete alopecia resulted, she losing her hair, eyebrows, and lashes. Headaches and other nervous phenomena are also present.

**MEDDLESOME MIDWIFERY.**—Grandin (Practice) gives the following as instances: *First Stages.*—Digital dilatation of the cervix. Pushing anterior lip of cervix above presenting part. Use of forceps previous to dilatation, or without knowing size of pelvis and child. Rupture of membranes before dilatation is complete. *Second Stage.*—Haste. Supporting perineum. Dilating perineum. *Third Stage.*—Giving ergot before the uterus is fully emptied. Pressure before uterus begins to contract. Credé's method, used too soon, may cause inertia. Traction on cord. Too much antisepsis in the puerperium. Special indications may render some of the above measures advisable; but they are objectionable in ordinary cases.

**TREATMENT OF DIPHTHERIA.**—Lennox Browne (*Medical Press and Circular*) laid down the following treatment for a case of diphtheria: *First*, complete removal of every portion of diphtheritic patch, and the rubbing-in, over the exposed raw surface, of a 60 per cent. solution of lactic acid. *Second*, the nostrils were cleansed with a solution of potass. chlorate and borax. *Third*, they were sprayed with a 20 per cent. solution in oil, of menthol, to reduce swelling, and as an antiseptic. *Fourth*, continuous cold, by means of Leiter's coil, was applied around the neck. *Fifth*, after a dose of calomel and James' powder, biniodide of mercury every three hours, one-eighth of a grain being taken in the twenty-four hours, with cinchona.

**TREATMENT OF INTESTINAL OCCLUSION.**—Dr. Kollman mentions, in the *Münchener Medicinische Wochenschrift*, a case of occlusion of the small intestine in an old woman, who, after opiates and morphine injections had been unsuccessfully given in order to arrest the violent vomiting, showed signs of such extreme weakness that operative measures were out of the question. He therefore determined to act on the lower part of the bowel by means of glycerine injections, while keeping the upper part of the intestinal tract quiet by the administration of ice, and by ice-cold applications over the stomach. In this way the peristaltic action of the gut below the spot where the obstruction existed was stimulated, while the part above this was kept at rest. The result was satisfactory, for on the second day a motion was passed, and the patient recovered.—*Lancet*.

A WRITER in the *Medical World* calls attention to the use of alum in girls' boarding schools, to restrain menstruation, and lessen the work of the laundresses.



## Medical News and Miscellany.

A CREMATORY and columbarium are to be erected in Hamburg.

THE practice of hypnotism has been forbidden in the French army.

BELGIUM admits women to practise medicine and pharmacy, but not law.

THE publication of the *Illustrated Medical News* has been discontinued.

DR. LOUIS F. LOVE has been appointed visiting eye-surgeon to St. Mary's Hospital.

A CASE of tetanus has appeared at the German Hospital, caused by treading on a nail. He died.

A WRITER in the *Hospital Gazette* calls in question the purity of the vaselines now in use.

INFLUENZA still lingers in remote parts of England. Why, if not that it spreads by infection?

FIFTY thousand dollars is being raised by Scranton to equip the Albright Memorial Library.

AT Scottdale, Pa., the community is agitated over the birth of quadruplets to a miner's wife.

THE *Hospital Gazette* urges that prisoners shall have the privilege of sitting down during their trials.

AN English plaster maker offers to print the name of any doctor ordering a gross, upon the back of the plasters.

ALL France has 2,000,000 childless households, and only 200,000 in which there are seven children or more.

DR. JOHN V. SHOEMAKER has been off to Florida for some days, on a combination trip of pleasure and business.

CROOKSHANK PASHA is the incongruous title of the medical officer in charge of Soudanese prisoners in Egypt.

DURING February, the Eye, Ear and Throat Infirmary, Thirteenth and Chestnut Streets, treated 291 new patients.

JOHN S. HENDERSON, on his death-bed, confessed to the murder of Dr. Joseph Levering, of Lower Merion, twenty-four years ago.

WHEN eyelashes persist in growing aberrantly and offending the eye, the *St. Louis Medical and Surgical Journal* excises lash and follicle.

THE founder of Bucknell University is dead. His name was William Bucknell, and he had given large sums to charitable organizations.

FRENCH law allows one gramme of common salt per litre to be added to wines; any quantity in addition is considered an adulteration.

PROFESSOR MORLEY was severely injured at Adelbert College, Cleveland, by the explosion of a bottle containing nitric acid and uranium.

SCRANTON, the third city in Pennsylvania in point of population, is showing herself to be possessed of commendable public spirit and intelligence.

THREE highly respected young ladies of Saybrook, Ill., have been confined in jail in consequence of emotional insanity due to "Christian Science."

THE Secretary of Agriculture has issued orders regulating the transportation of Texas cattle, with a view of preventing the spread of splenic fever.

A MOVEMENT has been inaugurated in Berlin to relieve the general hospitals of their phthisical cases by the establishment of special hospitals for their reception.

AN Englishman who had a horror of being buried alive, left fifty dollars to his doctor, on condition that he should make a careful examination and certify to the fact of his patient's being really dead.

WARNER (*Lancet*) adduces figures to show that defects in the form of the external ear are associated with defective mental development, though not so markedly as defects in the palate.

A UNIVERSAL Gastronomic Congress will be held at Versailles, opening on March 23. It will include an exhibition of food, drink, the mode of preparing them, and a section for mineral waters.

DURING the last six months, Pasteur has treated 850 persons, with but one death. This result is supposed to be due to the early treatment of the patients, and to improvements in the technique.

MRS. MOSES TAYLOR and her daughter have built a large hospital in Scranton, to which the former has also given an endowment of \$250,000; and her son has added \$50,000, to be used for interior fittings.

RETRIBUTION sometimes comes upon an offender, even in this world. A counter-prescribing chemist in London was examining a patient, when the latter seized the pill-vender's watch and chain and made off.

THE new Italian sanitary law provides for the disinfection of railway carriages which have been used by persons with contagious diseases. The government is also proceeding vigorously against persons practising without diplomas.

DR. CHARLES EVERETT WARREN, of Boston, has much difficulty in convincing the public that he is not dead and cremated. Considering the very flattering nature of the obituaries published, we must say that his persistence in remaining alive verges upon ingratitude.

THE estate of Elizabeth C. Halliday is to be divided between the Church Home for Children, Episcopal Hospital, Old Man's Home, Home for Incurables, Indigent Widows' and Single Women's Society, Woman's Christian Association, and the Home for Aged Couples; each will receive \$6,918.83.

THE Legislature of Mississippi contemplates relieving doctors of taxation. It is to be hoped that this bill will not pass. We are not objects of charity, nor are we all in such financial straits as to require

relief from taxation. In Germany, physicians are assured of their bills, which must be paid, or the State compels the debtor to work out the amount, and pays the doctor. This is simple justice; but the Mississippi plan is not just to physicians or community.

At an interview, Thursday, in London, John Burns, the leader of the Labor Union of England, expressed himself as in favor of woman being made equal to man in the present labor question, and fully competent to earn equally high wages.

PROF. WM. H. PANCOAST was interviewed on Thursday by a *Record* reporter on the question of vivisection. He expressed himself as being fond of dumb animals; but said he thought, for the cause of science, that vivisection was justifiable.

THE Joint Committee on Manual Training and Grammar, Secondary and Primary Schools of the Board of Education, on Thursday discussed the advisability of establishing a training school for girls similar to that already established for boys.

GENERAL BOOTH, the leader of the Salvation Army, in an interview, recently expressed himself as being opposed to football as a recreation for any of his men, or for any soldier of Christ. "If they want recreation," he said, "let them scrub their neighbors' houses."

DISSECTION material is so scarce in England that the proposition has been made to utilize dogs and cats for that purpose. There are a few of the latter in our neighborhood which could be spared for that purpose. For the information of medical students, we would add that the best time to find them is about 1 A. M.

A ST. LOUIS man claims to have been buried in a trance, his body resurrected and carried to a dissecting-room, where the first incisions restored him to consciousness. There is a singular lack of originality about the St. Louis liar. He does not even explain why his body was not injected, as the *Gabrielesque* incision was made across the abdomen.

SOME German medical students recently perpetrated a huge joke upon a midwife. One of the young men was put to bed, and the midwife sent for. On her arrival, she proceeded to ascertain the state of the supposed patient, and quickly retired, followed by bursts of laughter. Next day, at the police court, the jokers settled for their joke at a rate which precluded any repetition.

Four brother journalists fully appreciated the value of the little things which constitute comfort, or its contrary, they would pay more attention to the way their journals are wrapped. Many come to us in a tight-drawn roll, which cannot be flattened out or read with ease. Nothing but the intrinsic value of the *New Orleans Journal*, for instance, induces the busy exchange-editor to touch it.

In Chester, England, a child, nine years of age, has been condemned to seven years' imprisonment for attempting to poison a prospective stepmother.

We rub our eyes and wonder if this is really the nineteenth century. True, the cause of the attempted crime, "reading about the Maybrick case," is sadly modern in illustrating the evil effects of English sensational periodical literature upon the minds of the young. But the appalling severity of the sentence inflicted upon a mere infant is an anachronism. A sound spanking to the child and a lecture to the father upon allowing her to read such stuff would be more in accord with the fitness of things.

A WOMAN in Washington, Pa., is said to have dreamed several times, during fifty-two years, that she would die on February 19, 1890. The vision was the more remarkable, because the first time she was but twelve years old, and the name on the coffin was that which later became her's by marriage. As the time drew near, she made all preparations for her death, and—it's a pity to spoil the story—but she didn't die.

DURING the period between January 23 and February 20, the German Hospital treated 282 cases in-doors, and 1,226 out-patients. As usual in this hospital, there is a notable weakness in the medical department, which only treated 169 cases in the dispensary, while the surgeons attended to 564. That this discrepancy is due to any unusual popularity of the surgeons is scarcely probable, as the eye cases also showed a corresponding excess, numbering 242; while the ear cases, never very numerous, were 75. An explanation may perhaps be found in the small number of prescriptions issued, being only 375 for the whole hospital. Dispensary cases come for medicines as well as advice, and an average of one prescription to four patients per month betokens an unusual reliance on moral suasion, or a still more remarkable run of cases.

HEALTH OF PHILADELPHIA.—Last week the interments numbered 443, as against 379 the preceding week. The increase appears to be divided pretty generally among a number of non-related complaints. The principal causes of death reported were as follows:

Consumption . . . . .	75
Pneumonia . . . . .	38
Old age . . . . .	25
Heart disease . . . . .	20
Convulsions . . . . .	17
Bright's disease . . . . .	15
Bronchitis . . . . .	15
Cancer . . . . .	13
Inflammation of brain . . . . .	12
Typhoid fever . . . . .	12
Apoplexy . . . . .	11
Diphtheria . . . . .	11
Inflammation of stomach and bowels . . . . .	11
Inanition . . . . .	10

Besides these there were reported:

Cerebro-spinal meningitis . . . . .	1
Croup . . . . .	7
Erysipelas . . . . .	1
Scarlatina . . . . .	3
Hæmophilia . . . . .	1
Influenza . . . . .	3
Measles . . . . .	5
Whooping-cough . . . . .	3



MARK TWAIN quotes the following from a "Dictionary of Medicine," published in 1745:

"A certain merchant about forty Years of Age, of a Melancholic Habit, and deeply involved in the Cares of the World, was, during the Dog-days, seiz'd with a violent pain of his Head, which some time after oblig'd him to keep his Bed. I, being call'd, order'd Venesection in the Arms, the Application of Leeches to the Vessels of his Nostrils, Forehead, and Temples, as also to those behind his Ears; I likewise prescrib'd the Application of Cupping-glasses, with Scarification to his Back: But, notwithstanding these Precautions, he dy'd."

Whereupon Mr. Clemens remarks: "Now that we know what the physician did when he wanted to relieve a headache, it is no trouble to infer that if he wanted to comfort a man that had the stomach-ache he disemboweled him."

He might have added: "Or, if it were a woman, he would have removed the uterine appendages."

CHICAGO has secured the World's Fair; and she has richly deserved it, for the energetic way in which she has worked for it. And now the great western metropolis is called upon to battle with the question: "What will she do with it?" As far as one may judge from the experience gathered in a hasty visit, Chicago is well supplied with means of transit, and will have an embarrass of riches in the way of eligible sites for the Fair buildings. But she is deficient in hotel accommodation for the great numbers who may be expected. While the great Palace Hotel is deservedly one to be proud of, it stands almost alone in this respect; and the other Chicago hotels are neither large nor numerous. But the energy of her citizens will pretty certainly make amends for this and any other deficiency; and the consideration which won the prize—that her earnestness in seeking the Fair was the best warrant for the manner in which she would handle it—is pretty sure to prove true. We congratulate our brethren in Chicago, and hope to greet them in 1892.

**POLYCLINIC LECTURE COURSE.**—The following is a continuation of the course of Tuesday evening lectures which is given by the staff of the Philadelphia Polyclinic, at the college building, northwest corner Broad and Lombard streets. The lectures begin at eight o'clock, and are free to members of the profession and to medical students.

March 11—Dr. B. F. Baer, Abdominal Surgery.

March 18—Dr. Thomas J. Mays, Treatment of Asthma.

March 25—Dr. John B. Roberts, The Theory of Antiseptic and Aseptic Surgery.

April 1—Dr. Chas. K. Mills, Hypnotism.

April 8—Dr. Thomas G. Morton, Imperfect Symmetry and Spinal Curvature.

April 15—Dr. B. Alexander Randall, The Anatomy of the Labyrinth of the Ear, Illustrated.

April 22—Dr. J. Henry C. Simes, Urethrotomy.

April 29—Dr. E. P. Davis, Treatment and Prevention of Puerperal Fever.

May 6—Dr. Edward Jackson, Heterophonia, or Latent Squint.

May 13—Dr. A. B. Hirsch, Newer Methods in Hermetomy.

May 20—Dr. C. L. Bower, The Treatment of some Common Fractures.

May 27—Dr. J. Abbott Cantrells, Scabies: Its Symptoms, Diagnosis and Treatment.

THOMAS J. MAYS, M.D.

Chairman.

WHEN morphine hypodermically gives rise to nausea, or other unpleasant symptoms, paræsthetic phenomena, etc., add  $\frac{1}{10}$  gr. atropine, and  $\frac{1}{10}$  gr. glonoin.—*Medical World*.

BATTEY (*Dixie Doctor*) relates a case of protracted and obstinate vomiting, simulating cancer of the stomach. The uterus was retroverted, os patulous, and granular ovaries very tender, and the left one much enlarged. She had become a morphine habitué. The ovaries were removed entirely, leaving the tubes intact. Full and complete restoration to health resulted.

COAL-OIL, ENEMAS FOR IMPACTED FECES.—Dr. Whitney (*Medical World*) re-affirms the value of coal-oil enemas in intestinal obstruction, and says that he knows of no other fluid which will so quickly soften hard, impacted fecal matter. He attaches a long rubber tube to a Davidson syringe, and passes the tube as far up the bowel as possible. When it stops, inject a few ounces of water to distend the bowel, and the tube will go farther up. The obstructing mass can be recognized by the resistance, which will stop the flow from the syringe. Slightly withdraw the syringe, and inject the coal-oil, in quantity, one pint.

In the same journal, Dr. Stroud reports the case of a physician with impaction which resisted injections of olive oil and warm water, but gave way to the second enema of a pint of coal-oil.

#### To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows. Address all communications to 1725 Arch Street.

#### Army, Navy & Marine Hospital Service.

*Changes in the Medical Corps of the U. S. Navy for the week ending March 1, 1890.*

RUSH, C. W., Passed Assistant-Surgeon. To the Navy Yard, New York.

AUZAL, E. W., Passed Assistant-Surgeon. To the U. S. S. "Galena."

## Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

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